Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|--|---|--------------------------|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u> </u> | Legal Entity | | |
| Deer Park Elem | | | | | | Flathead | | 0307 | | |
| High School or K-12 D | | ole for Reimburs | ing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incre District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters | | |
| Bea M. Peterson Physical Address (s | | only): | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | ireet address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | ly Doth Semesters | | |
| Distance from home Elementary 7.6 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, | days per week da | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | mined by | | |
| (county name) The parties agree as follow 1. The parent shall tra insured driver will t 2. In March and June transported for the 3. The payment shall | The parties agree as follows: The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. | | | | | | | | | |
| Deer Park Elem | | Chair, Boar | | | | | | Date | | |
| High School District | | Chair, Boar | u or musie | | | | | Date | | |
| | | | l attest | that the above i | nformation | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | | a, MT 59620-2501 Due to School Clerk June 1 | | | | | | | | |
|---|--------------------------------------|---|------------------------------|----------------------|--|--|--|-------------------------|----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | , | Legal Entity | | |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attaction: Section | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Public Instruction. (10. | · | J | , | | Student Name School Grade | | | | | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | dent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters | |
| Craig & Jane Le | | | | | Pre- | -kindergarten/Kinderg | narten | | | |
| Physical Address (s | treet address | only): | | | | | 2nd Semester Only | y 🗆 Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 3 | to nearest so | hool (one wa | ay) | | bv t | his contract: | es <u>with</u> other school-a times per day. | _ | | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kin | dergarten child ride | times per day, _ times per day, _ es <u>without</u> other scho times per day, _ | ol-age student | ts: | |
| □ Contract is for o | ne-way only | | | | To | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | • • | the students to b | be covered by thi | is contract. | De | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| Dogular Trans | Total | Total | Total | Total | CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | | |
| Regular Trans Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July | / 10, retain a | |
| Room & Board | | | | | • | RE | IMBURSEMENT RA | ATF | | |
| Correspondence | | | | | | | rict, county and OPI | | | |
| _ ' | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbu | ursement rate is detern 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WCA. | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) | | | (| County, hereina | after referred | I to as the District(s). | | | | |
| The parties agree as follow 1. The parent shall tra | ansport or provide t | | | | | | session. The parent or guard | lian assures that a lic | censed and | |
| In March and June | , the District shall p | | | | | nce reported on the contractification by the teacher or pr | ct actually occurs. rincipal of the school of the nu | mber of days the stu | dent(s) was | |
| transported for the 3. The payment shall 4 This contract shall | be computed on th | e basis of the so | chedule establish | ned in Section 20-10 | 1-142, MCA, and | the information accompany | ring this contract. | | | |
| Elementary School | District | | ard of Truste | | gor chroneu iii Si | GLOOI, WINGIEVEL OCCUIS HIS | | Date | | |
| Fair-Mont-Egan Ele High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| Signature - Parent or | Guardian | | I attes | t that the above | e intormation | is true and correct. | Date | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | Helena, MT 59620-2501 Due to School Clerk June 1 | | | | | | | | | |
|---|--|---------------------------------|--------------------------------------|---|--|--|---|-------------------------|-----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | | |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Public Instruction. (10. | · | J | , | | Student Name School Grade | | | | | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | dent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | <u>PR:</u> | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y 🗆 Both Se | mesters | |
| Don & Donna B | rinkerhoff | | | | Pre- | kindergarten/Kinderg | narten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y 🛛 Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 7 | to nearest sc HS 0 | hool (one wa | ay) | | bv t | his contract: | times per day,times per day,times per day,times per day, | _ | | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | ts: | |
| □ Contract is for o | ne-way only | | | | To o | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by the | is contract. | | adlines: | 101.1.1 | | | |
| | Pre-K | K | 1-8 | 9-12 | | RENTS: Due to Scho | | | | |
| | Total | Total | Total | Total | CLERKS: Send original to County Supt by July 1, retain a copy for you files. | | | | | |
| Regular Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain | | | | | |
| Spec. Ed. Trans | | | | | | y for your files. | DENTO: Ocha ongma | ii to Oi i by oury | , 10, icialii a | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | _ | | | | |
| Contingency | | | | | | Reimbu | ursement rate is detern 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | ict name) | | , | |
| (county name) | | | | County, hereina | after referred | to as the District(s). | | | | |
| | ansport or provide t | | | | | | session. The parent or guard | lian assures that a lic | censed and | |
| | , the District shall p | | | | | nce reported on the contraction by the teacher or pr | incipal of the school of the nu | mber of days the stu | dent(s) was | |
| The payment shall | be computed on th | e basis of the so | chedule establish ear or when the | ned in Section 20-10 student(s) is no lone |)-142, MCA, and ger enrolled in so | the information accompany chool, whichever occurs firs | ing this contract. t. | | | |
| Elementary School Fair-Mont-Egan Ele | District | | ard of Truste | | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | Lattes | t that the above | n information | is true and correct | | | | |
| Signature - Parent or | Guardian | | ı attes | t triat trie above | e iniormation | is true and correct. | Date | | | |
| | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | MT 59620-2501 Due to School Clerk June 1 | | | | | | | | |
|---|------------------------------------|--|------------------------------|---------------------|--|---|---|-------------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | | |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | increased reir | nbursement | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | fual circumstance the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Public Instruction. (10. | · | J | , | | Student Name School Grade | | | | | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | lent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | y □ Both Se | mesters | |
| Elizabeth Reed | | | | | Pre- | kindergarten/Kinderg | narten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y 🛛 Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 6 | to nearest so | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | ts: | |
| □ Contract is for o | ne-way only | | | | To | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | | the students to b | be covered by thi | s contract. | De | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| Do mulan Trans | Total | Total | Total | Total | CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | | |
| Regular Trans Spec. Ed. Trans | | | | | | JNTY SUPERINTEN of for your files. | DENTS: Send origina | al to OPI by July | / 10, retain a | |
| Room & Board | | | | | • , | | IMBURSEMENT RA | ΔTF | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbu | ursement rate is detern | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | 1 | | <u> </u> | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | ict name) | | ······································ | |
| (county name) | | | | County, hereina | after referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | lian assures that a lid | censed and | |
| In March and June, | , the District shall p | | | | | nce reported on the contract fication by the teacher or pr | t actually occurs. incipal of the school of the nui | mber of days the stu | dent(s) was | |
| transported for the 3. The payment shall 4 This contract shall | be computed on th | e basis of the so | chedule establish | ed in Section 20-10 | -142, MCA, and | the information accompany | ing this contract. | | | |
| Elementary School | District | | ard of Truste | | gor chroneu iii Si | MOOI, WINGIEVEL OCCUIS IIIS | | Date | | |
| Fair-Mont-Egan Elei High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| Signatura Parant | Guardian | | I attes | that the above | information | is true and correct. | Date | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|--|--|---|--|---|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | <u> </u> | Legal Entity | |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| rates for special circum increased rates, individual trustees of the district. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive proved by the | Stud | dent Name | School | Grade | |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| District Trustees and the Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | ly Both Semesters | |
| John & Amy Wa | aller | | | | Pre- | -kindergarten/Kinderç | garten | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | ly Doth Semesters | |
| Distance from home Elementary 3 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. RECTS: RECTS R | times per day, tool Clerk June 1. | days per week da | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MOA. | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for thats. Mileage contral the parent the safe basis of the sche | ne student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 | ter referred or bus stop on on for the dista tion upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the nu | dian assures that a licensed and umber of days the student(s) was | |
| Elementary School Fair-Mont-Egan Ele | District | Chair, Board | | | | | | Date | |
| High School District | | Chair, Board | d of Truste | es | | | | Date | |
| | | | I attest | that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|--------------------------------------|---------------------------------|-----------------------------|---------------------|---------------------|---|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | L | Legal Entity |
| Fair-Mont-Egan | Flem | | | | | Flathead | | 0308 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary and | d high scho | ol? | | | | • |
| Are you applying for | | | □ No | | Stude | nt Name | School | Grade |
| (If yes, please attac | | | ncreased reir | nbursement | Oldde | nt Name | GCHOOL | Clade |
| rates for special circun increased rates, individ trustees of the district, | dual circumstand the county trans | ces must be reversion community | viewed and apmittee, and th | proved by the | Stude | nt Name | School | Grade |
| Public Instruction. (10. | · | , i | ŕ | | Stude | nt Name | School | Grade |
| Check here only if incr District Trustees and the | | portation Com | mittee. | proved by the | | | | |
| Elem District Approval | □ yes | Init □ no | ials | | Stude | nt Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| John & Heidi Be | erosik | | | | | , | • | |
| Physical Address (s | treet address | only): | | | | ndergarten/Kinder Semester Only | | / □ Both Semesters |
| | | | | | | ERGARTEN/PRE | | |
| Distance from home Elementary 5.2 | e to nearest so HS 0 | hool (one wa | y) | | by thi | s contract: | | ge students also covered days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or Kinde | from School rgarten child ride | times per day, _ es without other scho | days per week ol-age students: days per week days per week days per week |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to be | e covered by th | is contract. | | dlines: | | |
| | Pre-K | K | 1-8 | 9-12 | PARE | NTS: Due to Scho | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLER files. | KS: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | | ITY CUDEDINITES | IDENTS. Conderiging | I to ODI by July 10 rotain a |
| Spec. Ed. Trans | | | | | | or your files. | IDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | | | |
| Contingency | | | | | | Reimbi | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 1110/11 | |
| | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and s | school district (distr | rict name) | ,, |
| (county name) | | | | County, hereinaf | ter referred to | as the District(s). | | |
| | ansport or provide t | | | | | | | ian assures that a licensed and |
| In March and June | , the District shall p | | | | | e reported on the contract ation by the teacher or p | | nber of days the student(s) was |
| | be computed on th | | | | | e information accompany ol, whichever occurs firs | | |
| Elementary School | District | | rd of Truste | | 3.110110u III 30110 | , willower occurs ill's | · | Date |
| Fair-Mont-Egan Ele High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | 1 - 44 - | t that the electric | information ' | true and ac | | |
| Signature - Parent or | Guardian | | ı attes | t that the above i | intormation is | true and correct. | Date | |
| Jigiiatule - I-alelit Ol | Juanulan | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Fair-Mont-Egan Elem | Elementary District Responsible for Re | imbursing the Contract | | County | | Legal Entity | | | |
|--|---|--|---------------------------|---|--|----------------------------------|--|--|--|
| Is this contract shared between elementary and high school? yes | | and dollars | | - | | | | | |
| Is this contract shared between elementary and high school? yes | High School or K-12 District Responsib | ale for Reimbursing the Cor | ntract | | | | | | |
| Agreement between parent (parent name) County, hereinafter referred to as the District, (3). Agreement between parent (parent name) County, hereinafter referred to as the District, (3). Agreement between parent (parent name) Agreement between parent (parent name) County, hereinafter referred to as the District, (3). The parent or guited name assures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the spect of guited na sessor. The parent of guited na sessors that a llorased and supposed in the spect of guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the guited na sessor. The parent of guited na sessors that a llorased and supposed to the guited of guited as sessors. The parent of guited na sessors that a llorased and supposed to the guited of guited as sessors. The parent of guited na sessors that | riigii ociiooi oi N-12 District Nesporisib | ne for itembursing the Cor | illact | County | | Legal Entity | | | |
| Agreement between parent (parent name) County, hereinafter referred to as the District, (3). Agreement between parent (parent name) County, hereinafter referred to as the District, (3). Agreement between parent (parent name) Agreement between parent (parent name) County, hereinafter referred to as the District, (3). The parent or guited name assures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the parent or guited na sesures that a llorased and supposed in the spect of guited na sessor. The parent of guited na sessors that a llorased and supposed in the spect of guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the parent or guited na sessors. The parent of guited na sessors that a llorased and supposed to the guited na sessor. The parent of guited na sessors that a llorased and supposed to the guited of guited as sessors. The parent of guited na sessors that a llorased and supposed to the guited of guited as sessors. The parent of guited na sessors that | | | | | | | | | |
| Student Name School Grade Student Name School Grade Student Name School Grade Distance from borne to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest subsop, if any (one way) Elementary 3.8 HS 0 Contract is for one-way only Sueers in Each Grade Level- (only include the students to be covered by this contract. Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District, county and Opil use only) Agreement between parent (parent name) County, hereinafter referred to as the District, county and Opil use only) Agreement between parent (parent name) County, hereinafter referred to as the District, county and Opil use only) Regiment between parent (parent name) County and Opil use only in the students of the student | | ementary and high scho | ool? | | | | | | |
| SoLatrion: Section 26-10-142, MCA, provides for increased reinhursement rates for special comunistances of solostion of residence, in order to receive increased rates, individual orienmatances must be reviewed and approved by the public instruction (10-116 AR) provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | , ,,,, | | | Student Name | School | Grade | | | |
| Increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public instruction. (107.118 ARId provides guidelines for such.) Check here only if increased payment due to biolation to make been approved by the District Trustees and the County Transportation Committee. Initials Elem District Approval yes | ISOLATION: Section 20-10-142, MCA | , provides for increased re | imbursement | | | | | | |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the Country Transportation Committees Elem District Approval yes | increased rates, individual circumstance trustees of the district, the county trans | es must be reviewed and a portation committee, and the | approved by the | Student Name | School | Grade | | | |
| Student Name School Grade | Check here only if increased payment of | due to isolation has been a | pproved by the | Student Name | School | Grade | | | |
| THIS CONTRACT IS FOR: Country Approval | | Initials | | Student Name School Gr | | | | | |
| Parent or Guardian Name: (Please Print) | | | | Student Name School Grad | | | | | |
| Stemester Only | County Approval | no | | | <u>DR:</u> | | | | |
| Physical Address (street address only): Test Semester Only 2nd Semester Only Both Semesters | , | e Print) | | | □ 2nd Semester On | ly Doth Semesters | | | |
| Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Pagement between parent (parent name) County spec. Ed. Contin. County spec. Ed. Contin. Agreement between parent (parent name) County na | | only): | | Pre-kindergarten/Kinder | garten □ 2nd Semester On | lv □ Both Semesters | | | |
| Distance from home to nearest school (one way) Elementary 3.8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Per-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) (county name) County name) County name) County name) County name) County name) County name in March and June, the District shall repsy the students) to subcered the students) to a stop on the days when eshool is reason. The parent or guardian assures that a licensed and transported by the students) was transported for the past excellent shall repsy the students) is no longer enrolled in school, whichever occurs first. Elementary 3.8 HS 0 Image: Contract is for one-age students also covered by this contract. Free K Total Total Total Total Total Free K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name) County name) County name) County name) In pagintes agree as follows: 1. The parent shall transport or provide transportation for the subcertile) to and from the school of bus stop on the days when eshole is reason. The parent or guardian assures that a licensed and transported for the past semester. 2. In March and June, the District shall repsy the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school was or when the student(s) is no longer enrolled in school, whichever occurs first. Date | | | | - | | ., = = | | | |
| Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County spec. Ed. Contin. County name) County name, and school district (district name) County name, and school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insused driver will transport for bestudents) is no longer errolled in school, whichever occurs first. Elementary 0 HS 0 Kindergareth child rides without other school-age students: To or from School times per day, days per week to or from School or bus school clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The paries agree as follows: 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past agreements. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Chair, Board of Trustees FARENTS: Due to School Clerk June 1. C | | hool (one way) | | Kindergarten child ride by this contract: To or from Bus Stop | es <u>with</u> other school- times per day, | days per week | | | |
| Spec. Ed. Trans Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) (county name) The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. The parent shall transport or provide transportation for the student(s) was transported for the past semester. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of days the student(s) was transportation accompanying this contract. 1. The parent shall be computed on the basis of the school year or when the student(s) is no longer errolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Tair-Mont-Egan Elem Date | | s stop, if any (one way) | | Kindergarten child ride | s without other scho | ool-age students: | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (s). The paries agree as follows: 1. The parent shall transport the students. Mileage contracts are valid only when transportation for the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the board driver will transport the students and transported for the past semester. The paries agree as follows: 1. The parent shall transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sun officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 2. The payment shall be computed on the basis of the school established in Section 20-1042, MCA, and the information accompanying this contract. 3. The payment shall be computed on the basis of the school year or when the student(s) is no longer errolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Pare Larrange Larra | ☐ Contract is for one-way only | | | To or from School | times per day, | days per week | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County, hereinafter referred to as the District (s). The parties agree as follows: 1. The parties agree as follows: 1. The parties half transport the students. Mileage contracts are valid only when transportation for the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the days when school of the total calcular opportunities of the school of the student(s) was transported for the past semester. 2. In March and June, the District shall permit the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school wear or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | Students in Each Grade Level - Only include t | the students to be covered by the | nis contract. | Deadlines: | | | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County name Agreement between parent (parent name) Agreement between parent (pare | Pre-K | K 1-8 | 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | | | | |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In the parent shall transport or provide transportation for the student the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. | | Total Total | Total | | | | | | |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (so.) The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent shall transport the students. Mileage contracts are valid only when transportation by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Copy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. And school district (district name) , and school district (district | Regular Trans | | | COUNTY SUPERINTEN | IDENTS: Send origin | al to OPI by July 10. retain a | | | |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | Spec. Ed. Trans | | | | | | | | |
| Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name) | Room & Board | | | | | · · · — | | | |
| Agreement between parent (parent name) | Correspondence | | | (For dist | rict, county and OP | I use only) | | | |
| Agreement between parent (parent name) | | | | Baimhi | reament rate is datas | mined by | | | |
| Agreement between parent (parent name) | | | + | Reimbi | | itimicu by | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | spec. Eu. Contin. | | | | | | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | | | | | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | Agreement between parent (paren | nt name) | | , and school district (dist | rict name) | , | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | (county name) | | County, hereinafte | er referred to as the District(s). | | | | | |
| insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Date | The parties agree as follows: | | - | | session. The parent or quar | dian assures that a licensed and | | | |
| transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | insured driver will transport the studen | nts. Mileage contracts are valid | only when transportation | for the distance reported on the contract | et actually occurs. | | | | |
| 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Fair-Mont-Egan Elem Chair, Board of Trustees Date | transported for the past semester. The payment shall be computed on the | e basis of the schedule establis | shed in Section 20-10-14 | 2, MCA, and the information accompany | ing this contract. | | | | |
| Fair-Mont-Egan Elem | This contract shall terminate at the en- | d of the school year or when the | e student(s) is no longer | enrolled in school, whichever occurs firs | t. T | Date | | | |
| High School District Chair, Board of Trustees Date | Fair-Mont-Égan Elem | • | | | | | | | |
| <u> </u> | High School District | Chair, Board of Truste | ees | | | Date | | | |
| I attest that the above information is true and correct. | | I attes | st that the above in | formation is true and correct. | | <u>'</u> | | | |
| Signature - Parent or Guardian Date | Cianatura Darent or Cuardian | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | sox 202501 na, MT 59620 | -2501 | | Du | e to Schoo | l Clerk June 1 | | |
|--|--------------------------------------|---------------------------------|-----------------------------|--------------------------|----------------------|---|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | |
| Are you applying for (If yes, please attack | | | □ No | | Stude | ent Name | School | Grade |
| ISOLATION: Section rates for special circum | 20-10-142, MCA | A, provides for i | | | | | | |
| increased rates, individed trustees of the district, Public Instruction. (10.) | lual circumstand the county trans | ces must be reversion community | viewed and apmittee, and th | proved by the | Stude | ent Name | School | Grade |
| Check here only if incredit in | eased payment | due to isolation | n has been ap | proved by the | Stude | ent Name | School | Grade |
| Elem District Approval | • | | ials | | Stude | ent Name | School | Grade |
| HS District Approval County Approval | □ yes □ | □ no | | | THIS | CONTRACT IS FO | PR: | |
| Parent or Guardian | | | | | Grad | es 1-12 t Semester Only | | / □ Both Semesters |
| Krista & Mark To | oporcer | | | | | · | ĺ | both ochlosters |
| Physical Address (s | | only): | | | | indergarten/Kinder t Semester Only | | / □ Both Semesters |
| | | | | | KIND | ERGARTEN/PRE | (INDERGARTEN: | |
| Distance from home Elementary 3.2 | e to nearest so HS 0 | hool (one wa | y) | | by th | is contract: | | ge students also covered days per week |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if any | (one way) | | To or Kind | from School ergarten child ride | times per day, _ s without other school | days per week pl-age students: days per week days per week |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week |
| Students in Each Grade Le | evel - Only include | the students to be | e covered by th | is contract. | | dlines: ENTS: Due to Scho | aal Clark kuna 4 | |
| | Pre-K | K | 1-8 | 9-12 | | | | |
| | Total | Total | Total | Total | CLEI files. | RKS: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | COU | NTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | for your files. | | |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimhi | ursement rate is determ | ined by |
| Contingency Spec. Ed. Contin. | | | | | | rembe | 20-10-142, MCA. | inica by |
| opoc. Lu. comm. | | | | | | | | |
| | | | | | | | | |
| Agreement betweer | ı parent (pareı | nt name) | | | , and | school district (disti | rict name) | ······································ |
| (county name) The parties agree as follow | | | | - | | to as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage cont | racts are valid | only when transportation | on for the distan | ce reported on the contract | ct actually occurs. | an assures that a licensed and |
| transported for the | past semester. | • | • | | · | cation by the teacher or properties information accompany | · | nber of days the student(s) was |
| | terminate at the er | d of the school ye | | student(s) is no longe | | ool, whichever occurs firs | | Date |
| Fair-Mont-Egan Ele | m | , | | | | | | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information i | s true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | a, MT 59620 | -2501 | | Du | e to School | ol Clerk June 1 | | | |
|--|--|--|--|---|---|--|---|--|------------------------------|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | <u> </u> | Legal Entity | |
| Fair-Mont-Egan | Flem | | | | | Flathead | | 0308 | |
| High School or K-12 Dis | strict Responsib | le for Reimbu | rsing the Conti | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | d between el | ementary ar | nd high schoo | ol? | | | | | |
| Are you applying for | | | □ No | | Stud | lent Name | School | | Grade |
| (If yes, please attach ISOLATION: Section 2 | explanation) | . provides for | increased rein | nbursement | Oldo | cht Name | GCHOOL | ` | Jidac |
| rates for special circum- increased rates, individi- trustees of the district, t Public Instruction. (10.7 | stances of isola ual circumstand he county trans | tion of resider es must be re portation com | nce. In order to eviewed and ap imittee, and the | proved by the | Stud | ent Name | School | (| Grade |
| Check here only if incre District Trustees and the | ased payment | due to isolatio | n has been ap | proved by the | Stud | ent Name | School | (| Grade |
| Elem District Approval HS District Approval | □ yes □ | | itials | | | ent Name | School | (| Grade |
| | | no | | | | S CONTRACT IS FO des 1-12 | <u>DR:</u> | | |
| Parent or Guardian N | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | y Both Semeste | ers |
| Mark & Denise \ Physical Address (st | | | | | | kindergarten/Kinderg st Semester Only | garten □ 2nd Semester Onl | y Both Semeste | ers |
| Distance from home Elementary 6 Distance from home Elementary 0 Contract is for on Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 se-way only | s stop, if an | y (one way) | s contract. 9-12 Total | Kinc by tl To o To o Kinc To o To o Dea PAR CLE files. | nis contract: r from Bus Stop r from School dergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE | times per day,times per day,times per day,times per day,times per day,times per day,times per day, | days perdays perdays perdolage students: days perdays perdays perdays perdays perdolage students: days perdolage students: days perdays perday | week week week week |
| insured driver will trace. In March and June, transported for the payment shall be traced to | s: Insport or provide the District shall plast semester. Insport the at the enditor on the eminate at the enditor. | ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y | r the student(s) to tracts are valid o e sum officially ap | County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longer | or bus stop on on for the distantation upon certif | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nur ing this contract. | | |
| High School District | II | Chair, Boa | ard of Trustee | es | | | | Date | |
| | | | دادم ا | that the above | informaties | io truo and accest | | | |
| Signature - Parent or | Guardian | | ı attest | triat the above | information | is true and correct. | Date | | |
| orginature - Parent Or | ouai ulali | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 a, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | | County | · | Legal Entity | | |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 | | |
| High School or K-12 Di | strict Responsib | le for Reimbur | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between ele | ementary and | d high schoo | ol? | | | | | | |
| Are you applying for (If yes, please attach ISOLATION: Section 2 | explanation) | | □ No | nhursamant | Stud | lent Name | School | Grade | | |
| rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7 | stances of isola ual circumstanc the county trans | tion of residen es must be rev portation comr | ce. In order to viewed and ap mittee, and the | o receive oproved by the | Stud | lent Name | School | Grade | | |
| Check here only if incre District Trustees and th | | portation Com | mittee. | proved by the | Stud | lent Name | School | Grade | | |
| Elem District Approval | | no | ials | | Stud | lent Name | School | Grade | | |
| HS District Approval County Approval | □ yes □ | no no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian I | Name: (Please | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Michael & Mary | | | | | | kindergarten/Kinderg | | | | |
| Physical Address (st | reet address (| only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | y | | |
| Distance from home Elementary 5.1 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kine by t To c To c Kine To c To c Dea PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RECTS: RECTS | times per day, tool Clerk June 1. | days per week da | | |
| insured driver will tr 2. In March and June, transported for the p 3. The payment shall the contract shall t | s: nsport or provide t ansport the studer the District shall p past semester. be computed on the eminate at the en District | ransportation for tts. Mileage cont ay the parent the e basis of the sci d of the school y | the student(s) to racts are valid of sum officially a hedule establishear or when the rd of Truste | o and from the school only when transportati pproved in the applica and in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or guard tactually occurs. rincipal of the school of the nur | ian assures that a licensed and mber of days the student(s) was | | |
| High School District | | Chair, Boa | rd of Truste | | | | | Date | | |
| 0:: | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School Clerk | June 1 | | |
|---|--------------------------------------|--------------------------------|-----------------------------|--------------------------|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | L | Legal Entity |
| Fair-Mont-Egan | Flem | | | | Flath | ead | | 0308 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | tract | County | | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Student Nar | ne | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased reir | mbursement | Otadent Nai | iic | GCHOOL | Clade |
| rates for special circun increased rates, individurates of the district, | dual circumstand the county trans | ces must be reversion comments | viewed and apmittee, and th | oproved by the | Student Nar | ne | School | Grade |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolatior | n has been ap | proved by the | Student Nar | ne | School | Grade |
| District Trustees and the | • | | mittee. tials | | Student Nar | mo | School | Grade |
| Elem District Approval HS District Approval | • | □ no □ no | | | | | | Grade |
| County Approval | □ yes | □ no | | | THIS CONT Grades 1-12 | | <u>DR:</u> | |
| Parent or Guardian | name: (Pleas | e Print) | | | ☐ 1st Seme | ester Only | □ 2nd Semester Only | □ Both Semesters |
| Pam & Mark Ev Physical Address (s | | only): | | | Pre-kinderga | | | |
| Friysical Address (s | lieel address | Offig). | | | □ 1st Seme | ester Only | ☐ 2nd Semester Only | □ Both Semesters |
| Distance from home Elementary 4.3 Distance from home Elementary 0 | HS 0 e to nearest bu HS 0 | · | • / | | Kindergarte by this con To or from E To or from S Kindergarte | en child ride tract: Bus Stop School en child ride | times per day,times per day,times per day, | days per week days per week days per week ol-age students: days per week days per week days per week |
| ☐ Contract is for o Students in Each Grade Lo | , , | the students to b | e covered by th | is contract. | Deadline | s: | | |
| 5,000 2001 5,000 2 | | | | | | | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: S | Send original | to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | COUNTY S | IDERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for you | | DENTO: Ocha oligina | rto or r by odry ro, rotalir a |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (1 01 0101 | not, ocumy and or r | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | , |
| | | | | | | | | |
| A sure a see a set le atrus a s | | -1 | | | | -li-4-i-4 (-li-4 | rict name) | |
| Agreement betweer | ı parent (paren | nt name) | | | | | ict name) | , |
| (county name) The parties agree as follow | | | | - | ter referred to as th | | | |
| insured driver will t | ransport the studer | nts. Mileage cont | tracts are valid of | only when transportation | on for the distance reporte | ed on the contract | ct actually occurs. | an assures that a licensed and |
| transported for the | past semester. | • | , | | tion upon certification by 42, MCA, and the information | · | • | nber of days the student(s) was |
| | terminate at the er | nd of the school ye | | student(s) is no longe | r enrolled in school, whic | | | Date |
| Fair-Mont-Egan Ele | m | , | | | | | | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | l attes | t that the above i | nformation is true a | and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | Helena, MT 59620-2501 Due to School Clerk June 1 | | | | | | | | |
|---|--|-------------------|---------------------|-----------------------|-------------------------|---|---|----------------------|-------------------|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | Co | ounty | | Legal Entity | |
| Fair-Mont-Egan | Elem | | | | FI | athead | | 0308 | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Conf | tract | Co | ounty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for (If yes, please attach | | | □ No | | Student | Name | School | | Grade |
| ISOLATION: Section 2 | 20-10-142, MCA | , provides for | | | | | | | |
| rates for special circum increased rates, individ | ual circumstand | es must be re | viewed and ap | oproved by the | Student | Name | School | | Grade |
| trustees of the district, Public Instruction. (10.7) | | | | e Office of | Children | Nama | Cabaal | | Orada |
| Check here only if incre District Trustees and th | | | | proved by the | Student | name | School | | Grade |
| Elem District Approval | □ yes | □ no | itials | | Student | Name | School | | Grade |
| HS District Approval County Approval | | no no | | | THIS CO | ONTRACT IS FO | DR: | | |
| Parent or Guardian | | e Print) | | | Grades □ 1st S | 1-12 semester Only | □ 2nd Semester Onl | v □ Both Se | mesters |
| Ray & Diana Ro | binson | | | | | , | | , | |
| Physical Address (st | treet address | only): | | | | dergarten/Kinder semester Only | 2nd Semester Only | y 🛛 Both Se | mesters |
| | | | | | | | KINDERGARTEN: | | |
| Distance from home | to nearest so | hool (one wa | ay) | | | garten child ride contract: | es with other school-a | age students a | Iso covered |
| Elementary 3.3 | HS 0 | | | | To or fro | om Bus Stop | times per day, _ | day | s per week |
| Distance from home Elementary 0 | to nearest bu | is stop, if an | y (one way) | | Kinderg To or fro | garten child ride om Bus Stop | times per day, _ es <u>without</u> other scho | ol-age studen day | ts: s per week |
| □ Contract is for or | ne-way only | | | | To or fro | om School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | Deadli | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | I to County Supt by Jul | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN your files. | IDENTS: Send origina | ıl to OPI by Jul | / 10, retain a |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | _ | | | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and scl | hool district (dist | rict name) | | , |
| (county name) The parties agree as follow | ic. | | | County, hereina | fter referred to a | as the District(s). | | | |
| The parent shall tra insured driver will tr | nsport or provide transport the studer | nts. Mileage cor | tracts are valid of | only when transportat | ion for the distance re | eported on the contra | session. The parent or guard | | |
| transported for the | past semester. | | | | | | rincipal of the school of the nu | mber of days the stu | ident(s) was |
| This contract shall t | terminate at the er | d of the school | ear or when the | student(s) is no long | | nformation accompany , whichever occurs firs | | Doto | |
| Elementary School I Fair-Mont-Egan Eler | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | l attes | t that the above | information is tr | rue and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|--------------------------------------|--------------------------------|------------------------------|--------------------------|---------------------|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Fair-Mont-Egan | Elem | | | | | Flathead | | 0308 |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| Is this contract share | ed between el | ementary an | d high school | ol? | | | | |
| □ yes□ noAre you applying for | isolation statu | ıs? □ Yes | □ No | | | | | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) 20-10-142, MCA | , provides for | increased reir | | Stud | dent Name | School | Grade |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10. | lual circumstanc the county trans | es must be re portation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | Grade |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | • | Ini □ no □ no | tials | | Stud | dent Name | School | Grade |
| County Approval | □ yes □ | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | |
| Parent or Guardian | | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Steve & Laura E Physical Address (s | | only): | | | | -kindergarten/Kinderg st Semester Only | garten □ 2nd Semester Or | nly □ Both Semesters |
| | | | | | KIN | DERGARTEN/PREM | (INDERGARTEN: | , |
| Distance from home Elementary 6 | to nearest sc HS 0 | hool (one wa | ay) | | Kin by t To c | dergarten child ride his contract: or from Bus Stop | es <u>with</u> other school times per day, | -age students also covered days per week days per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | s stop, if an | y (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other sch times per day, | ool-age students: days per week days per week |
| ☐ Contract is for or | ne-way only | | | | | | unics per day, | days per week |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | is contract. | <u>De</u> PAF | adlines: RENTS: Due to Scho | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | ERKS: Send original | | uly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origin | nal to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT Frict, county and OP | |
| Correspondence | | | | | | (1 0. 0.0) | , | . 400 0, |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | 20 10 142, 111071. | |
| | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | d school district (distr | rict name) | , |
| (county name) The parties agree as follow | | | | • | | I to as the District(s). | | |
| insured driver will to | ransport the studer | its. Mileage con | tracts are valid of | only when transportation | on for the dista | nce reported on the contract | ct actually occurs. | rdian assures that a licensed and |
| transported for the | past semester. | | • | | • | the information accompany | · | number of days the student(s) was |
| | terminate at the en | d of the school y | | student(s) is no longe | | chool, whichever occurs firs | | Date |
| Fair-Mont-Egan Elei High School District | m | , | ard of Truste | | | | | Date |
| | | 5, Bot | | | | | | |
| Simulation 5 | 0 | | l attes | t that the above | information | is true and correct. | Dete | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 ia, MT 59620 | -2501 | | Du | ie to Schoo | ol Clerk June 1 | | |
|---|--|---|--|---|---|---|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| Swan River Eler | n | | | | | Flathead | | 0309 |
| High School or K-12 Di | | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for | | | □ No | | Stud | ent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | Otac | CITE I VAINC | GCHOOL | Orado |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | stances of isola ual circumstanc the county trans | ation of resider ces must be re sportation com | nce. In order to eviewed and ap imittee, and the | receive proved by the | Stud | ent Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolatio | n has been ap | proved by the | Stud | ent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | itials | | | ent Name | School | Grade |
| | | no | | | | <u>S CONTRACT IS FO</u> les 1-12 | <u>DR:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Audrey Yocom Physical Address (st | reet address | only): | | | | kindergarten/Kinder st Semester Only | | y □ Both Semesters |
| Distance from home Elementary 5.2 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | ıs stop, if an | y (one way) De covered by this 1-8 Total | 9-12 Total | Kind by the Too on Too | nis contract: r from Bus Stop r from School lergarten child ride r from School r from School delines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R | times per day,times per day, | days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) |
| insured driver will tr 2. In March and June, transported for the The payment shall | rs: Insport or provide to ansport the studer the District shall posats semester. De computed on the erminate at the en | transportation fo nts. Mileage cor nay the parent th ne basis of the s nd of the school | r the student(s) to tracts are valid o e sum officially ap | County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe | or bus stop on on for the distantation upon certif | to as the District(s). the days when school is in | ct actually occurs. rincipal of the school of the nu | lian assures that a licensed and mber of days the student(s) was |
| High School District | | Chair, Boa | ard of Trustee | es | | | | Date |
| | | | Lattest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | ı allest | mat me above i | momation | is true and correct. | Date | |
| | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 | -2501 | Due to | School Clerk June 1 | | |
|--|--|---|--|--|--------------------------------|
| Elementary District Responsible for Re | imbursing the Contract | | County | | Legal Entity |
| Swan River Elem | | | Flathead | | 0309 |
| High School or K-12 District Responsib | ole for Reimbursing the Cont | ract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high school | ol? | <u> </u> | | |
| Are you applying for isolation state | | | Student Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A, provides for increased reir | mbursement | otadent Hame | Concor | Cidde |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ition of residence. In order to ses must be reviewed and appropriation committee, and the | o receive oproved by the | Student Name | School | Grade |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been ap | proved by the | Student Name | School | Grade |
| HS District Approval ☐ yes | Initials no | | Student Name | School | Grade |
| | no | | THIS CONTRACT IS FO Grades 1-12 | <u>R:</u> | |
| Parent or Guardian Name: (Pleas | e Print) | | ☐ 1st Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Brenda Luna Physical Address (street address | only): | | Pre-kindergarten/Kinderg ☐ 1st Semester Only | | □ Both Semesters |
| Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | the students to be covered by thi | 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child ride: To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For distr | times per day, times per day, times per day, se without other school times per day, | days per week ol-age students: |
| Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th 4. This contract shall terminate at the en Elementary School District Swan River Elem | ransportation for the student(s) to tts. Mileage contracts are valid c ay the parent the sum officially a the basis of the schedule establish | County, hereinafter report of the school or bus only when transportation for approved in the application up the din Section 20-10-142, Mistudent(s) is no longer enro | the distance reported on the contract pon certification by the teacher or pri CA, and the information accompanyi | session. The parent or guardia t actually occurs. ncipal of the school of the num ng this contract. | an assures that a licensed and |
| High School District | Chair, Board of Truste | es | | | Date |
| | I attes | t that the above inforr | mation is true and correct. | | <u> </u> |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|--|---|--|---|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | <u> </u> | Legal Entity |
| Swan River Ele | m | | | | | Flathead | | 0309 |
| High School or K-12 D | | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initia no no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | S CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Cara Lafever | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REQUEST: RECTED TO SCHOOL | times per day, tool Clerk June 1. | days per week da |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MOA. | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for the state. Mileage contral the same basis of the schelage transfer in the sche | ne student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportation opproved in the applicated in Section 20-10-1 | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the nu | dian assures that a licensed and umber of days the student(s) was |
| Elementary School Swan River Elem | | Chair, Board | | | | | | Date |
| High School District | | Chair, Board | d of Trustee | es | | | | Date |
| | | | I attest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 ia, MT 59620 | -2501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|--|--|--|---|---|--|--|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Swan River Eler | n | | | | | Flathead | | 0309 |
| High School or K-12 Di | | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for | | | □ No | | Stu | lent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142. MCA | A. provides for | increased rein | nbursement | Otac | ient ivanie | GCHOOL | Grade |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | stances of isola ual circumstanc the county trans | tion of resider ces must be re sportation com | nce. In order to eviewed and ap imittee, and the | o receive proved by the | Stud | lent Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes □ | | itials | | | lent Name | School | Grade |
| | □ yes | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | ☐ 2nd Semester Only | y Both Semesters |
| Caryle A. Cox Physical Address (st | reet address | only): | | | | kindergarten/Kinder st Semester Only | | y Both Semesters |
| Distance from home Elementary 25 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | ıs stop, if an | y (one way) De covered by thi 1-8 Total | 9-12 Total | Eximite the point of the point | his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from Bus Stop_ or from Bus Stop_ or from Bus Stop_ or from School adlines: RENTS: Due to Sch RKS: Send origina of for your files. RE RE RE RE RE RE RE RE RE R | times per day,times per day,times per day,times per day,ses without other schooles without other schooles without other schooles without other schooles per day,times per day,time | days per week da |
| insured driver will tr 2. In March and June, transported for the The payment shall | rs: Insport or provide to ansport the studer the District shall posats semester. De computed on the erminate at the en | ransportation for the substantial three transfers of the substantial three transfers of the substantial | r the student(s) to tracts are valid o e sum officially al | County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | to as the District(s). the days when school is in | session. The parent or guard ct actually occurs. rincipal of the school of the nur | ian assures that a licensed and mber of days the student(s) was |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | | l attest | that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | 1 411031 | at the above | omation | is true and correct. | Date | |
| - | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 |)-2501 | Due | to School Clerk June 1 | | |
|---|---|---|---|--|---------------------------------------|
| Elementary District Responsible for Re | eimbursing the Contract | | County | Legal Entity | |
| Swan River Elem | | | Flathead | 0309 | |
| High School or K-12 District Responsi | ble for Reimbursing the Con | tract | County | Legal Entity | |
| | | | | | |
| Is this contract shared between e □ yes □ no | lementary and high scho | ol? | <u> </u> | <u>'</u> | |
| Are you applying for isolation stat | | | Student Name | School Grade | _ |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA |) A, provides for increased rei | mbursement | Oldden Name | Grade Grade | |
| rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM proving the county transpublic Instruction.) | ation of residence. In order to ces must be reviewed and a sportation committee, and the | to receive pproved by the | Student Name | School Grade | e e |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been a | oproved by the | Student Name | School Grade | e e |
| Elem District Approval ☐ yes | Initials □ no □ no □ no | | Student Name | School Grade | e e |
| | □ no | | THIS CONTRACT IS FOR: Grades 1-12 | | |
| Parent or Guardian Name: (Pleas | e Print) | | | 2nd Semester Only Both Semesters | |
| David & Jessica Jochen Physical Address (street address | only): | | Pre-kindergarten/Kindergart ☐ 1st Semester Only ☐ | en 2nd Semester Only Both Semesters | |
| Distance from home to nearest so Elementary 7.2 HS 0 Distance from home to nearest by Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | the students to be covered by the Total Total | 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rides variation or from Bus Stop To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTENDE copy for your files. REIM (For district) Reimburse | times per day, days per weektimes per day, days per week | < < < < < < < < < < < < < < < < < < < |
| insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transported for the past semester. 4. This contract shall terminate at the end of the payment shall be | transportation for the student(s) ints. Mileage contracts are valid pay the parent the sum officially as the basis of the schedule establis | County, hereinafted to and from the school of only when transportation approved in the application the din Section 20-10-14; estudent(s) is no longer | for the distance reported on the contract ac | sion. The parent or guardian assures that a licensed and tually occurs. al of the school of the number of days the student(s) was | |
| High School District | Chair, Board of Truste | ees | | Date | |
| | I attes | t that the above in | formation is true and correct. | | |
| Signature - Parent or Guardian | | | | ate | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | x 202501 a, MT 59620 | -2501 | | Du | e to Scho | ol Clerk June 1 | | |
|---|---|--|--|--|--|--|--|--|
| Elementary District Resp | onsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Swan River Elem | 1 | | | | | Flathead | | 0309 |
| High School or K-12 Dis | | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shared ☐ yes ☐ no | d between ele | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for i | | | □ No | | Stu | dent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 20 | explanation) 0-10-142, MCA | , provides for | increased rein | nbursement | Otac | icht ivanic | CCHOOL | Clade |
| rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7. | tances of isola al circumstanc ne county trans | tion of resider es must be re portation com | nce. In order to viewed and ap mittee, and the | o receive proved by the | Stud | lent Name | School | Grade |
| Check here only if increa | sed payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes □ | | itials | | | lent Name | School | Grade |
| | | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | |
| Parent or Guardian N | ame: (Please | e Print) | | | | st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Laura Zumwah Physical Address (str | eet address | only): | | | | kindergarten/Kinder st Semester Only | | y Both Semesters |
| Distance from home to Elementary 20 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 so nearest bu HS 0 e-way only | s stop, if an | y (one way) De covered by this Total | 9-12 Total | Exercise Reserve PAF | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS: | times per day,times per day, | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will tra In March and June, the transported for the pa The payment shall be This contract shall te Elementary School D | : sport or provide t nsport the studer he District shall p ast semester. e computed on th rminate at the en | ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y | r the student(s) to tracts are valid o e sum officially ap | County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | to as the District(s). the days when school is in | ct actually occurs. rincipal of the school of the nur ring this contract. | ian assures that a licensed and mber of days the student(s) was |
| Swan River Elem High School District | | Chair, Boa | ard of Trustee | es | | | | Date |
| - | | <u> </u> | | | | | | |
| Signatura Boront co | Luardian | | I attest | that the above i | information | is true and correct. | Date | |
| Signature - Parent or G | uarulan | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Dι | ie to School Clerk | June 1 | |
|---|--------------------------------|-------------------|------------------|------------------|-------------------------------|---|---------------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Swan River Ele | m | | | | Flathe | ad | 0309 |
| High School or K-12 D | | ole for Reimbu | irsing the Con | tract | County | au | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Student Name | e School | Grade |
| (If yes, please attac | h explanation) | nrovides for | increased rei | mhursement | Student Name | 501001 | Grade |
| rates for special circun | nstances of isola | ation of resider | nce. In order t | to receive | Student Name | e School | Grade |
| increased rates, individual trustees of the district, | the county trans | sportation com | mittee, and th | | Olddelli Hallic | Conoon | Grade |
| Public Instruction. (10. | · | , , | • | | Student Name | e School | Grade |
| Check here only if incr District Trustees and the | | | | proved by the | | | |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | e School | Grade |
| HS District Approval County Approval | , | □ no | | | THIS CONTR | ACT IS FOR: | |
| Parent or Guardian | | | | | Grades 1-12 | | L. Doth Competers |
| Lisa G. Caldwel | | | | | ☐ 1st Semes | ter Only | y Both Semesters |
| Physical Address (s | | only): | | | | ten/Kindergarten ter Only □ 2nd Semester Onl | v □ Both Semesters |
| , | | | | | | , | y Bour comesters |
| | | | | | | TEN/PREKINDERGARTEN: child rides <u>with</u> other school- | age students also covered |
| Distance from home Elementary 5 | e to nearest so HS 0 | thool (one wa | ay) | | by this contr | act: | _ |
| • | | | , | | To or from Sc | s Stop times per day, hool times per day, | days per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kindergarten To or from Bu | s Stop times per day | ool-age students: |
| □ Contract is for o | ne-way only | | | | To or from Sc | s Stop times per day, hool times per day, | days per week |
| Students in Each Grade Lo | , , | the students to I | be covered by th | is contract. | Deadlines | • | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: [| Due to School Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS: Se | end original to County Supt by Ju | y 1, retain a copy for your |
| Regular Trans | | | | | files. | | |
| Spec. Ed. Trans | | | | | COUNTY SUI copy for your | PERINTENDENTS: Send original files | al to OPI by July 10, retain a |
| Room & Board | | | | | , , , , , , , , , , , , , , | REIMBURSEMENT R | ATE |
| | | | | | | (For district, county and OPI | · · · <u> </u> |
| Correspondence | | | | | | | |
| Reg. Contingency | | | | | | Reimbursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | |
| · | | | | | | | |
| | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and school d | istrict (district name) | · · · · · · · · · · · · · · · · · · · |
| (county name) | | | | County, hereinat | fter referred to as the | District(s). | |
| | ansport or provide | | | | | en school is in session. The parent or guard | dian assures that a licensed and |
| In March and June | , the District shall p | | | | | on the contract actually occurs. e teacher or principal of the school of the nu | imber of days the student(s) was |
| | be computed on the | | | | 142, MCA, and the information | on accompanying this contract. | |
| Elementary School | | | ard of Truste | | on oned in school, whiche | ver occurs ilist. | Date |
| Swan River Elem High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | | | | | |
| | | - | I attes | t that the above | information is true an | d correct. | |
| Signature - Parent or | Guardian | | | | <u> </u> | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Are you applying for isolation state (If yes, please attach explanation) | | | Student Name | School | Grade |
|--|---|---|---|---|--|
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance | A, provides for increased rein ation of residence. In order to ses must be reviewed and ap | o receive oproved by the | Student Name Student Name | School | Grade Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | | e Office of | | | |
| Check here only if increased payment District Trustees and the County Trans | portation Committee. | proved by the | Student Name | School | Grade |
| HS District Approval ☐ yes | Initials □ no □ no □ no | | Student Name THIS CONTRACT IS FO | School School | Grade |
| Parent or Guardian Name: (Pleas | | | Grades 1-12 1st Semester Only | | y Deth Comesters |
| Lynn Boots | | | , | | y Both Semesters |
| Physical Address (street address | only): | | Pre-kindergarten/Kinderg ☐ 1st Semester Only | ☐ 2nd Semester Onl | y Both Semesters |
| Distance from home to nearest so Elementary 5 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | the students to be covered by thi | 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or | times per day, times per day, times per day, times per day, es without other schooles without other schooles without other schooles without other schooles with times per day, t | days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) |
| insured driver will transport the stude In March and June, the District shall p transported for the past semester. The payment shall be computed on the This contract shall terminate at the er Elementary School District | cransportation for the student(s) to the student of the student of | County, hereinafter of and from the school or only when transportation proved in the application ted in Section 20-10-142 student(s) is no longer e | , and school district (district referred to as the District(s). bus stop on the days when school is in for the distance reported on the contrain upon certification by the teacher or p. MCA, and the information accompanyenrolled in school, whichever occurs first | session. The parent or guard ct actually occurs. rincipal of the school of the nur ring this contract. | |
| Swan River Elem High School District | Chair, Board of Truste | es | | | Date |
| | Lattac | t that the above int | formation is true and correct | | |
| Signature - Parent or Guardian | i attes | i inal ine above ini | formation is true and correct. | Date | |
| | | | | i | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO B | ox 202501 na, MT 59620 | | | | School Year 2005- 2006 ue to School Clerk June 1 | | |
|--|--|--|---|--|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| High School or K-12 D | istrict Responsil | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | | 0311 |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | |
| Are you applying for (If yes, please attack | h explanation) |) | □ No | | Student Name | School | Grade |
| rates for special circum increased rates, individurustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and appoint and the mittee, and the contraction in the contractio | o receive oproved by the | Student Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | Ini □ no | tials | | Student Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Cynthia Meador Physical Address (s | | only): | | | Pre-kindergarten/Kinde | | - D # O |
| 1 Hysical Address (s | irect address | Orny). | | | 1st Semester OnlyKINDERGARTEN/PRE | | y Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 8 to nearest bu | ` | | | Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho times per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week |
| ☐ Contract is for or Students in Each Grade Le | , , | the students to b | e covered by th | is contract. | Deadlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARENTS: Due to Sch | nool Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS: Send origina files. | al to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | | COUNTY SUPERINTE | NDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your files. | |) T.F. |
| Room & Board Correspondence | | | | | | EIMBURSEMENT RA trict, county and OPI | |
| Reg. Contingency | | | | | Reimb | oursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | , |
| | | | | | | | |
| Agreement between | parent (pare | nt name) | | | , and school district (dis | trict name) | , |
| insured driver will to 2. In March and June, transported for the 3. The payment shall | ansport or provide ransport the stude the District shall past semester. be computed on the answer or the student be the computed on the transport of the student past semester. | nts. Mileage con pay the parent the ne basis of the so | the student(s) to tracts are valid of e sum officially a shedule establish | o and from the school only when transportati pproved in the applicated in Section 20-10- | fter referred to as the District(s) or bus stop on the days when school is i on for the distance reported on the contration upon certification by the teacher or part of the distance of the teacher or part of the distance o | n session. The parent or guard act actually occurs. orincipal of the school of the null ying this contract. | |
| Elementary School | | | ard of Truste | | | | Date |
| High School District Flathead H S | | Chair, Boa | ard of Truste | es | | | Date |
| | | | l attes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | ox 202501 a, MT 59620 | | | | School Year 2005- 2006 ue to School Clerk June 1 | | |
|--|---|---|---|--|--|---|--|
| Elementary District Res | ponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| High School or K-12 Dis | strict Responsit | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | | 0311 |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | |
| Are you applying for (If yes, please attach | explanation) |) | □ No | | Student Name | School | Grade |
| rates for special circum- increased rates, individual trustees of the district, the Public Instruction. (10.7) | stances of isola ual circumstand he county trans | ation of resident ces must be resportation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Student Name | School | Grade |
| Check here only if incre District Trustees and the | ased payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval | - | | tials | | Student Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian N | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Only | y □ Both Semesters |
| Elizabeth Burns | | | | | Pre-kindergarten/Kinde | | |
| Physical Address (st | reet address | only): | | | ☐ 1st Semester Only | ☐ 2nd Semester Only | y Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le | HS 22 to nearest bu HS 10 ne-way only | us stop, if any | y (one way) | is contract. | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | es with other school-a times per day, _ times per day, _ es without other scho times per day, _ times per day, _ times per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week days per week |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | y 1, retain a copy for your |
| Regular Trans | Total | Total | Total | Total | files. | | |
| Spec. Ed. Trans | | | | | copy for your files. | NDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | · | |
| Reg. Contingency | | | | | Reimb | oursement rate is detern 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and school district (dis | trict name) | |
| insured driver will trace. In March and June, transported for the payment shall be traced to | nsport or provide to ansport the studer the District shall p past semester. the computed on the | nts. Mileage compay the parent the | the student(s) to tracts are valid of e sum officially a chedule establish | o and from the school only when transportati pproved in the applicated in Section 20-10- | fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contration upon certification by the teacher or I 142, MCA, and the information accomparer enrolled in school, whichever occurs fire | n session. The parent or guard act actually occurs. orincipal of the school of the null ying this contract. | |
| Elementary School D | | | ard of Truste | | | | Date |
| High School District Flathead H S | | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | chool Year 2005- 20 e to School Clerk Ju | | |
|---|------------------------------------|----------------------------------|------------------------------|--|--|--|---|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | County | | Legal Entity |
| High School or K-12 D | District Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | d | 0311 |
| Is this contract share | red between e | lementary ar | nd high scho | ol? | <u> </u> | | |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | Student Name | School | Grade |
| (If yes, please attaction: Section | ch explanation 20-10-142, MC |) A, provides for | increased rei | mbursement | Student Name | 301001 | Glaue |
| rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10 | dual circumstan the county tran | ces must be re sportation com | viewed and a mittee, and the | pproved by the | Student Name | School | Grade |
| Check here only if inconstrict Trustees and t | | sportation Con | nmittee. | oproved by the | Student Name | School | Grade |
| Elem District Approva | | □ no | itials | | Student Name | School | Grade |
| HS District Approval County Approval | | □ no | | | THIS CONTRAC | CT IS FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester | Only □ 2nd Semester | Only Both Semesters |
| Faye Stukey Physical Address (s | street address | only): | | | Pre-kindergarter □ 1st Semester | n/Kindergarten r Only □ 2nd Semester | Only Both Semesters |
| | | | | | | En/prekindergarten: | • |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 16 | · | • / | | by this contrac To or from Bus S To or from Scho Kindergarten c | t: Stoptimes per do ooltimes per do hild rides without other s | ay, days per week ay, days per week ay, per week achool-age students: ay, days per week ay, days per week ay, days per week |
| □ Contract is for o | ne-way only | | | | | unies per d | ay, days per week |
| Students in Each Grade L | evel - Only include | the students to I | be covered by th | is contract. | Deadlines: PARENTS: Due | e to School Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | / July 1, retain a copy for your |
| Regular Trans | | | | | | RINTENDENTS: Send or | iginal to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for your file | | |
| Room & Board Correspondence | | | | | | REIMBURSEMEN For district, county and | |
| Reg. | | | | | | | |
| Contingency | | | | | | Reimbursement rate is de 20-10-142, MC | |
| Spec. Ed. Contin. | | | | | | 20 10 142, WO | 71. |
| | | | | | | | |
| Agreement betwee | n parent (pare | nt name) | | | , and school dist | rict (district name) | , |
| (county name) | | | | County, hereinaf | ter referred to as the Di | istrict(s). | |
| | ansport or provide | | | | | | guardian assures that a licensed and |
| 2. In March and June transported for the | e, the District shall | pay the parent th | e sum officially a | only when transportation only when transportation in the application of the application o | on for the distance reported on tion upon certification by the te | the contract actually occurs. eacher or principal of the school of t | he number of days the student(s) was |
| The payment shall | l be computed on t | he basis of the so | chedule establish | hed in Section 20-10-1 student(s) is no longe | 42, MCA, and the information renrolled in school, whichever | accompanying this contract. | |
| Elementary School | | | ard of Truste | | | | Date |
| High School Distric Flathead H S | t | Chair, Boa | ard of Truste | ees | | | Date |
| | | | I attes | t that the above | nformation is true and | correct. | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | chool Year 2005- 2006 e to School Clerk June 1 | | | | |
|--|---|--|---|---|---|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity | | |
| High School or K-12 D | istrict Responsi | ole for Reimbu | sing the Con | ract | County | | Legal Entity | | |
| Flathead H S | | | | | Flathead | | 0311 | | |
| Is this contract share □ yes □ no | ed between e | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade | | |
| ISOLATION: Section rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of residen ces must be rev sportation comi | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if incre District Trustees and the | | sportation Com | mittee. | proved by the | Student Name | School | Grade | | |
| Elem District Approval | | □ no | ials | | Student Name | School | Grade | | |
| | □ yes | □ no □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | ☐ 1st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Jeannette Went Physical Address (s | | only): | | | Pre-kindergarten/Kinde | | | | |
| Friysical Address (s | ireet address | Offiy). | | | - | ☐ 2nd Semester Only | y Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 15 e to nearest bu HS 7.5 ne-way only | us stop, if any | (one way) | 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scl CLERKS: Send originatiles. COUNTY SUPERINTE copy for your files. R (For dis | times per day,times per day,times per day,tes without other scholling. times per day,times per day,times per day,times per day,times to County Supt by July | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide ransport the stude the District shall p past semester. be computed on the | transportation for nts. Mileage conto pay the parent the ne basis of the sc | the student(s) tracts are valid of sum officially a | o and from the school only when transportation pproved in the application of the section 20-10-14 | , and school district (district), and school district (see referred to as the District(see or bus stop on the days when school is in for the distance reported on the contribution upon certification by the teacher or 42, MCA, and the information accompance enrolled in school, whichever occurs fi |). in session. The parent or guardiact actually occurs. principal of the school of the nur | | | |
| Elementary School | | | rd of Truste | | | | Date | | |
| High School District Flathead H S | | Chair, Boa | rd of Truste | es | | | Date | | |
| | | | I attes | t that the above i | nformation is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | | |
|---|--|---|---|---|--|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| High School or K-12 D | istrict Responsil | ole for Reimbur | sing the Con | ract | | County | | Legal Entity | | | |
| Flathead H S | | | | | | Flathead | | 0311 | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation) |) | □ No | nhursement | Stude | nt Name | School | Grade | | | |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of residen- ces must be rev sportation comr | ce. In order t viewed and ap nittee, and th | o receive oproved by the | Stude | nt Name | School | Grade | | | |
| Check here only if incomplished Trustees and t | eased payment | due to isolation | n has been ap | proved by the | Stude | nt Name | School | Grade | | | |
| Elem District Approval | | □ no | ials | | Stude | nt Name | School | Grade | | | |
| HS District Approval County Approval | • | □ no □ no | | | | CONTRACT IS FO | OR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | | |
| Jennifer Linne' | | | | | Pre-ki | ndergarten/Kinder | raarten | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y Both Semesters | | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o | HS 7 e to nearest bu HS 7 | · | | | by th i To or To or Kinde To or | is contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day, times per day, _ es <u>without</u> other scho times per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week | | | |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | | dlines: | 101 1 1 | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | NTS: Due to Sch | | y 1, retain a copy for your | | | |
| Regular Trans | | | | | | ITV SLIDEDINTEN | JDENTS: Send origina | ıl to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | | | | for your files. | ADENTO: Send origina | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | | |
| Correspondence | | | | | | (1 01 010 | and, county and or i | ,, | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | | | |
| Spec. Ed. Contin. | | | | | | | | | | | |
| A | | -4 | | | | | of at a super | | | | |
| Agreement between | трагені (раге | nt name) | | | | | | ······································ | | | |
| insured driver will 2. In March and June transported for the | ansport or provide transport the stude to the District shall property past semester. | nts. Mileage cont pay the parent the | the student(s) tracts are valid of sum officially a | o and from the school only when transportation pproved in the applica | or bus stop on th on for the distanc ation upon certific | e reported on the contra ation by the teacher or p | n session. The parent or guard ct actually occurs. rincipal of the school of the nur | iian assures that a licensed and mber of days the student(s) was | | | |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | e information accompany ool, whichever occurs first | | I Data | | | |
| Elementary School | | ĺ | rd of Truste | | | | | Date | | | |
| High School Distric | t | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | | I attes | t that the above | information is | s true and correct. | | | | | |
| Signature - Parent or | Guardian | <u> </u> | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | chool Year 200 e to School Cle | | | | |
|---|--|--|---|---|--|--|---|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | Cour | nty | | Legal Entity | |
| High School or K-12 D | District Responsi | ble for Reimbu | rsing the Cont | tract | Cour | nty | | Legal Entity | |
| Flathead H S | | | | | Flat | thead | | 0311 | |
| Is this contract shar | red between e | lementary an | d high scho | ol? | <u> </u> | | | | |
| Are you applying fo | | | □ No | | Student N | ame | School | Grade | |
| (If yes, please attact ISOLATION: Section | 20-10-142, MC/ | A, provides for | | | Stadonere | amo | 2011001 | Ciddo | |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be re sportation com | viewed and apmittee, and th | oproved by the | Student N | ame | School | Grade | |
| Check here only if inconstruct Trustees and t | | sportation Com | mittee. | pproved by the | Student N | ame | School | Grade | |
| Elem District Approval | | □ no | tials | | Student N | ame | School | Grade | |
| HS District Approval County Approval | , | □ no □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | | □ 2nd Semester Onl | y Both Semesters | |
| Joe & Dianne G Physical Address (s | | only): | | | | rgarten/Kinder mester Only | garten □ 2nd Semester Onl | y □ Both Semesters | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for constitution of the Elementary 0 | HS 0 e to nearest bu HS 5 ene-way only | us stop, if any | y (one way) | is contract. 9-12 Total | by this co To or from To or from Kinderga To or from To or from Deadlin PARENTS | ontract: In Bus Stop In School In ten child ride In Bus Stop In School In School In School In School In School | times per day,times per day, es without other schotimes per day, times per day, ool Clerk June 1. | days per week days per week days per week ol-age students: days per week days per week days per week days per week | |
| Regular Trans | | | | | files. | SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | |
| Correspondence Reg. | | | | | | | | | |
| Contingency Spec. Ed. Contin. | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| | | | | | | | | | |
| insured driver will 2. In March and June transported for the 3. The payment shal | ws: ansport or provide transport the stude transport shall to past semester. | transportation for nts. Mileage con pay the parent the | the student(s) the student same valid of the sum officially a chedule establish | o and from the school only when transportation on the application of the application of the section 20-10-1 | ter referred to as or bus stop on the day on for the distance repr | rs when school is in orted on the contra by the teacher or p | n session. The parent or guard ct actually occurs. rincipal of the school of the nu rying this contract. | lian assures that a licensed and mber of days the student(s) was | |
| Elementary School | | | ard of Truste | | | | | Date | |
| High School Distric Flathead H S | t | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | l attes | t that the above i | information is true | e and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u>'</u> | Legal Entity | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | | |
| Flathead H S | | | | | | Flathead | | 0311 | | |
| Is this contract shar | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying fo | | | □ No | | Stud | ent Name | School | Grade | | |
| (If yes, please attact ISOLATION: Section rates for special circum | 20-10-142, MCA | A, provides for | | | | | | | | |
| increased rates, individual trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be re sportation com | viewed and a mittee, and th | pproved by the | Stud | ent Name | School | Grade | | |
| Check here only if incr District Trustees and to | | sportation Com | mittee. | pproved by the | Stud | ent Name | School | Grade | | |
| Elem District Approval | | □ no | tials | | Stud | ent Name | School | Grade | | |
| HS District Approval County Approval | □ yes | □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 It Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Julie Holmes Physical Address (s | street address | only): | | | | rindergarten/Kinder | garten □ 2nd Semester Onl | y □ Both Semesters | | |
| | | - ,, | | | | DERGARTEN/PRE | • | y Botti Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 12 | | | | Kind by th To o To o Kind To o | ergarten child ride nis contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day,times per day,times per day,times per day,s without other schotimes per day, | days per week | | |
| □ Contract is for o | ne-way only | | | | То о | from School | times per day, _ | days per week | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | <u>Dea</u> PAR | dlines: ENTS: Due to Sch | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | y 1, retain a copy for your | | |
| Regular Trans | | | | | | NTY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. | | | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (i oi diot | not, county and or r | doc omy) | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parei | nt name) | | | | school district (district | , | , | | |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ansport or provide transport the student, the District shall past semester. be computed on the | nts. Mileage con pay the parent the | the student(s) that the student (s) that the student (s) the standard stand | o and from the school only when transportation of the application of t | or bus stop on to on for the distanation upon certifi 142, MCA, and to | ce reported on the contract | session. The parent or guard t actually occurs. rincipal of the school of the nur | lian assures that a licensed and mber of days the student(s) was | | |
| Elementary School | | | ard of Truste | | , | , 300010 1110 | | Date | | |
| High School District | t | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | I attes | t that the above i | information | s true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO E | Box 202501 na, MT 59620 | | | | School Year 2005- 2006 ue to School Clerk June 1 | | | | |
|--|---|--|--|---------------------------|---|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | 1 | Legal Entity | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | County | | Legal Entity | | |
| Flathead H S | | | | | Flathead | | 0311 | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) |) | □ No | | Student Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and a mittee, and th | to receive pproved by the | Student Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Student Name | School | Grade | | |
| Elem District Approval | □ yes | lni □ no | tials | | Student Name | School | Grade | | |
| HS District Approval County Approval | □ yes | □ no □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | □ 1st Semester Only | □ 2nd Semester On | ly Both Semesters | | |
| Lorna Hauser Physical Address (s | treet address | only). | | | Pre-kindergarten/Kinde | | li | | |
| ye.ea. / .aa. eee (e | 001 aaa. 000 | oy /. | | | 1st Semester Only KINDERGARTEN/PRE | | ly Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 40 | ` | | | Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | times per day, times per day, times per day, es without other scho | days per week days per week days per week pol-age students: days per week | | |
| □ Contract is for o | ne-way only | | | | To or from School | times per day, ₋ | days per week | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | Deadlines: PARENTS: Due to Sch | nool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send origina files. | al to County Supt by Ju | ly 1, retain a copy for your | | |
| Regular Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a | | | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board | | | | | R | EIMBURSEMENT R trict, county and OPI | | | |
| Correspondence | | | | | | , , | ,, | | |
| Reg. Contingency | | | | | Reimb | oursement rate is determent 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | 20 10 142, 10071. | | | |
| A success of high con- | | | | | | trict records | | | |
| Agreement betweer (county name) | трагені (рагеі | п. папте) | | County harainst | , and school district (dis fter referred to as the District(s) | , | , | | |
| The parties agree as follow 1. The parent shall tra | ansport or provide | | the student(s) t | o and from the school | or bus stop on the days when school is i | n session. The parent or guard | dian assures that a licensed and | | |
| | , the District shall p | | | | ion for the distance reported on the contra ation upon certification by the teacher or | | umber of days the student(s) was | | |
| The payment shall | be computed on the | | | | 142, MCA, and the information accompar er enrolled in school, whichever occurs fir | | | | |
| Elementary School | District | Chair, Boa | ard of Truste | es | | | Date | | |
| High School District Flathead H S | t | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | I attes | t that the above | information is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | chool Year 2005- 20 e to School Clerk Jui | | | | |
|---|---|--|---|--|---|---|------------------------------------|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | County | <u> </u> | Legal Entity | | |
| | | | | | | | | | |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity | | |
| Flathead H S | | | | 10 | Flathead | | 0311 | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary ar | id high scho | ol? | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation |) | □ No | mburgament | Student Name | School | Grade | | |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | nstances of isolo dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appointment in the contract of the | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if inconstruct Trustees and t | reased payment | due to isolatio | n has been ap | pproved by the | Student Name | School | Grade | | |
| Elem District Approval | | □ no | itials | | Student Name | School | Grade | | |
| HS District Approval County Approval | | □ no | | | THIS CONTRAC | CT IS FOR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | |
| Margie Stenslar Physical Address (s | nd street address | only): | | | Pre-kindergarter 1st Semester | | nly Both Semesters | | |
| | | | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters KINDERGARTEN/PREKINDERGARTEN: | | | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 6.5 | · | • | | by this contract To or from Bus S To or from Scho Kindergarten cl | | , days per week | | |
| □ Contract is for o | | | | | | o aee per day | , aaya par maan | | |
| Students in Each Grade L | | | | | Deadlines: PARENTS: Due | e to School Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send files. | original to County Supt by J | uly 1, retain a copy for your | | |
| Regular Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a | | | | |
| Spec. Ed. Trans | | | | | copy for your files. REIMBURSEMENT RATE | | | | |
| Room & Board Correspondence | | | | | (F | REIMBURSEMENT I For district, county and Of | | | |
| Reg. | | | | | | | | | |
| Contingency Spec. Ed. Contin. | | | | | | Reimbursement rate is dete 20-10-142, MCA. | | | |
| | | | | <u>. </u> | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and school dist | rict (district name) | , | | |
| (county name) | | | | County, hereinaf | ter referred to as the Di | strict(s). | | | |
| | ansport or provide | | | | | school is in session. The parent or gua | ardian assures that a licensed and | | |
| In March and June | , the District shall | nts. Mileage cor pay the parent the | tracts are valid of e sum officially a | only when transportation only when transportation in the application i | on for the distance reported on tion upon certification by the te | the contract actually occurs. acher or principal of the school of the | number of days the student(s) was | | |
| transported for the 3. The payment shall 4 This contract shall | be computed on t | he basis of the so | chedule establish | ned in Section 20-10-1 | 42, MCA, and the information a renrolled in school, whichever | accompanying this contract. | | | |
| Elementary School | | | ard of Truste | | | | Date | | |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | l attes | t that the above i | nformation is true and o | correct. | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|---|---|---|---|--|--|--|--|---|--|--|
| Elementary District Res | sponsible for Re | eimbursing the C | Contract | | | County | <u>'</u> | Legal Entity | | |
| High School or K-12 Di | istrict Responsib | ole for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| Flathead H S | | | | | | Flathead | | 0311 | | |
| Is this contract share □ yes □ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attacl | h explanation) | | □ No | | Stude | ent Name | School | Grade | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7) | nstances of isola lual circumstand the county trans | ation of residences must be revi sportation comm | e. In order to lewed and ap nittee, and the | o receive oproved by the | | ent Name | School | Grade | | |
| Check here only if incre District Trustees and th | | portation Comn | nittee. | proved by the | Stude | ent Name | School | Grade | | |
| Elem District Approval HS District Approval | | Initi □ no □ no | als | | Stude | ent Name | School | Grade | | |
| County Approval | □ yes □ | □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Mark Leatzow Physical Address (s | troot address | only): | | | | indergarten/Kinder | | | | |
| 1 Hysical Address (s | licet address | Orliy). | | | | - | | ly Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Leaner Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 6 to nearest bu HS 6 ne-way only | ıs stop, if any | (one way) | s contract. 9-12 Total | Kinde by th To or To or Kinde To or To or Dead PARE files. COUI | is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch RKS: Send origina NTY SUPERINTEN for your files. RE (For dist | times per day, times per day, times per day, times per day, ses without other schooling times per day, times pe | days per week days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) | | |
| insured driver will to 2. In March and June, transported for the 3. The payment shall | vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en | rransportation for the state of the parent the sense basis of the sch | the student(s) to acts are valid of sum officially a edule establish ar or when the d of Truster | o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longe | or bus stop on the distance tion upon certification upon certification upon the distance tion upon the distance ti | e reported on the contra | session. The parent or guard ct actually occurs. rincipal of the school of the nu | dian assures that a licensed and simber of days the student(s) was Date Date | | |
| | | | I attest | that the above i | information is | s true and correct. | | • | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | chool Year 2005- 2 e to School Clerk J | | | | |
|---|--|--|---|---|---|--|---|---|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | County | | Legal Entit | у | |
| | | | | | | | | | |
| High School or K-12 D | istrict Responsi | ble for Reimbu | sing the Cont | tract | County | | Legal Entit | У | |
| Flathead H S | | | | 10 | Flathea | ıd | 0311 | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary an | d high scho | 01? | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation |) | □ No | mburgament | Student Name | School | bl | Grade | |
| rates for special circur increased rates, indivi trustees of the district, Public Instruction. (10 | nstances of isola dual circumstand the county trans | ation of residen ces must be re- sportation com | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Student Name | School | bl | Grade | |
| Check here only if inconstrict Trustees and t | eased payment | due to isolation | n has been ap | pproved by the | Student Name | School | ol . | Grade | |
| Elem District Approval | | □ no | tials | | Student Name | School | ol | Grade | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRA | ACT IS FOR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | |
| Robert & Lisa E Physical Address (s | | only): | | | | en/Kindergarten er Only □ 2nd Ser | nester Only Both | Semesters | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for of Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 49.7 e to nearest but HS 16.7 ne-way only evel - Only include Pre-K Total | the students to b | e covered by th | 9-12 Total | Kindergarten by this contra To or from Bus To or from Sch Kindergarten To or from Bus To or from Sch Deadlines: PARENTS: De CLERKS: Ser files. COUNTY SUP copy for your fi | ct: Stoptimes child rides without of Stoptimes cooltimes child rides without of Stoptimes cooltimes cool | per day, d per day, d oper day, d oper day, d per day, | ays per week ays per week ents: ays per week ays per week | |
| insured driver will In March and June transported for the The payment shal This contract shall | ws: ansport or provide transport the stude t, the District shall p past semester. be computed on the terminate at the el | transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y | the student(s) the tracts are valid of exam officially a stablish ear or when the | o and from the school only when transportatic ipproved in the applicated in Section 20-10-14 student(s) is no longe | er referred to as the I or bus stop on the days whee on for the distance reported of tion upon certification by the | n school is in session. The p on the contract actually occur- teacher or principal of the sc n accompanying this contract | hool of the number of days the | | |
| Elementary School | | , | rd of Truste | | | | Date | | |
| High School Distric | t | Chair, Boa | rd of Truste | es | | | Date | | |
| | | | I attes | t that the above i | nformation is true and | d correct. | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 |)-2501 | | | e to School Clerk June 1 | | | | |
|--|---|---|--|--|--|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity | | |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity | | |
| Flathead H S | | | | | Flathead | | 0311 | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isolo dual circumstan- the county tran | ation of resider ces must be re sportation com | nce. In order to viewed and appointment in the mittee, and mittee mittee. | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolatio | n has been ap | pproved by the | Student Name | School | Grade | | |
| Elem District Approval | | □ no | itials | | Student Name | School | Grade | | |
| HS District Approval County Approval | | □ no | | | THIS CONTRACT IS FOR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters | | |
| Sandra L. McCa Physical Address (s | | only): | | | Pre-kindergarten/Kinde | | | | |
| Physical Address (s | ireet address | orily). | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest be HS 12 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sc CLERKS: Send origin files. | times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,thool Clerk June 1. al to County Supt by Jul | days per week days per week days per week ool-age students: days per week | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board Correspondence | | | | | | EIMBURSEMENT RA strict, county and OPI | | | |
| Reg. Contingency | | | | | Reim | bursement rate is deterr 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | 20 10 142, 10071. | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide ransport the stude , the District shall past semester. be computed on t | transportation for nts. Mileage corpay the parent the basis of the se | r the student(s) to the student are valid of e sum officially a chedule establish | o and from the school only when transportation approved in the applicated in Section 20-10-1 | , and school district (dister referred to as the District(sor bus stop on the days when school is on for the distance reported on the contation upon certification by the teacher or 42, MCA, and the information accompare enrolled in school, whichever occurs for | in session. The parent or guard act actually occurs. principal of the school of the nu | | | |
| Elementary School | | | ard of Truste | | | | Date | | |
| High School District Flathead H S | | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | l attes | t that the above i | information is true and correct | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | School Year 2005- 2006 le to School Clerk June 1 | | | | |
|--|--|--|---|--|---|---|---|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | County | <u> </u> | Legal Entity | | |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | County | | Legal Entity | | |
| Flathead H S | | | | | Flathead | | 0311 | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation |) | □ No | | Student Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isolo dual circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and apainmittee, and the | to receive pproved by the | Student Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Student Name | School | Grade | | |
| Elem District Approval | | □ no | itials | | Student Name | School | Grade | | |
| | □ yes | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | □ 2nd Semester Onl | y Both Semesters | | |
| Terri Reavis Physical Address (s | treet address | ouly). | | | Pre-kindergarten/Kind | | = P # 0 | | |
| 1 Hysical Address (s | arcet address | Orliy). | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters KINDERGARTEN/PREKINDERGARTEN: | | | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L | HS 23 e to nearest be HS 8.2 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child r To or from Bus Stop To or from School Deadlines: PARENTS: Due to S | times per day,times per day,times per day,times per day,times per day,times per day,trespective. | days per week | | |
| Regular Trans | | | | | | ENDENTS: Send origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board | | | | | | REIMBURSEMENT Raistrict, county and OPI | | | |
| Correspondence Reg. | | | | | | | | | |
| Contingency Spec. Ed. Contin. | | | | | Reir | nbursement rate is deterr 20-10-142, MCA. | nined by | | |
| | | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and school district (d | listrict name) | , | | |
| (county name) The parties agree as folloo 1. The parent shall trainsured driver will t 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude, the District shall past semester, be computed on t | transportation fo ints. Mileage cor pay the parent the | r the student(s) t htracts are valid of e sum officially a chedule establisl | County, hereinafor o and from the school only when transportation approved in the application of the section 20-10-1 | ter referred to as the Distriction or bus stop on the days when school on for the distance reported on the continuous certification by the teacher of the distance reproduction accompare renrolled in school, whichever occurs | is in session. The parent or guard ntract actually occurs. or principal of the school of the nu panying this contract. | | | |
| Elementary School | | | ard of Truste | | | | Date | | |
| High School District | t | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | I attes | t that the above i | information is true and correct | ot. | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO E | Box 202501 na, MT 59620 | | | | School Year 2005- 2006 ue to School Clerk June 1 | | | | |
|--|---|---|--|--------------------------|---|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | <u>'</u> | Legal Entity | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | County | | Legal Entity | | |
| Flathead H S | | | | | Flathead | | 0311 | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) |) | □ No | | Student Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and a mittee, and th | o receive oproved by the | Student Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Student Name | School | Grade | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Student Name | School | Grade | | |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS FOR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Onl | ly Both Semesters | | |
| Theresa Peters Physical Address (s | | only): | | | Pre-kindergarten/Kinde | | | | |
| Filysical Address (s | sireer address | Offig). | | | 1st Semester OnlyKINDERGARTEN/PRE | | ly Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 | HS 0 | · | | | Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop | times per day, times per day, times per day, les <u>without</u> other scho | days per week days per week ool-age students: days per week | | |
| □ Contract is for o | ne-way only | | | | | times per day, _ | days per week | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | <u>Deadlines:</u> PARENTS: Due to Sci | hool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send origina files. | al to County Supt by Jul | ly 1, retain a copy for your | | |
| Regular Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a | | | | |
| Spec. Ed. Trans | | | | | copy for your files. | | | | |
| Room & Board | | | | | R | EIMBURSEMENT Ratrict, county and OPI | | | |
| Correspondence Reg. | | | | | | | | | |
| Contingency | | | | | Reimb | oursement rate is determ 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | 20 10 112, 11107 | | | |
| Agreement betweer | n narent (nare | nt name) | | | , and school district (dis | trict name) | | | |
| (county name) | . paront (parei | | | County haroinal | fter referred to as the District(s | , | · · · · · · · · · · · · · · · · · · · | | |
| The parties agree as follow | | transportation for | | • | or bus stop on the days when school is | • | dian assures that a licensed and | | |
| insured driver will t 2. In March and June | ransport the stude | nts. Mileage con | tracts are valid | only when transportati | ion for the distance reported on the contra ation upon certification by the teacher or | act actually occurs. | | | |
| | be computed on the | | | | 142, MCA, and the information accompar er enrolled in school, whichever occurs fi | | | | |
| Elementary School | | | rd of Truste | | er ernoned in school, whichever occurs in | ISI. | Date | | |
| High School District | i | Chair, Boa | ard of Truste | es | | | Date | | |
| | | | I attes | t that the above | information is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620-2501 Due to School Clerk June 1 | | | | | | | | | | |
|---|---|---|--|-------------------------|--|--|---|--|--|--|
| Elementary District Resp | onsible for Re | imbursing the | Contract | | | County | <u> </u> | Legal Entity | | |
| Kalispell Elem | | | | | | Flathead | | 0310 | | |
| High School or K-12 Dist | rict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shared ☐ yes ☐ no | d between ele | ementary ar | nd high schoo | ol? | | | | | | |
| Are you applying for i | solation statu | us? □ Yes | □ No | | Stuc | dent Name | School | Grade | | |
| (If yes, please attach ISOLATION: Section 20 | explanation) 0-10-142, MCA | A, provides for | increased rein | nbursement | Otac | icht ivanic | GCHOOL | Grade | | |
| rates for special circums increased rates, individu trustees of the district, th Public Instruction. (10.7. | tances of isola al circumstanc e county trans | tion of resider es must be re portation com | nce. In order to eviewed and ap imittee, and the | receive proved by the | Stud | lent Name | School | Grade | | |
| Check here only if increa | sed payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade | | |
| Elem District Approval | □ yes □ | | itials | | | lent Name | School | Grade | | |
| County Approval | g yes | no | | | | S CONTRACT IS FO | <u>DR:</u> | | | |
| Parent or Guardian N | ame: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Richard P. Suttor | | | | | | kindergarten/Kinder | | | | |
| Physical Address (str | eet address (| only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | y Both Semesters | | |
| Distance from home to Elementary 5.5 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. | HS 0 o nearest bu HS 0 e-way only | is stop, if an | y (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR CLE | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. RENTS: RENTENTEN OF FOR SCHOOL RENTENTEN OF FOR SCHOOL RENTS: RENTS | times per day, times | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) | | |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | nined by | | |
| (county name) The parties agree as follows 1. The parent shall trans insured driver will trans 2. In March and June, the transported for the px 3. The payment shall be 4. This contract shall te | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | | | | | | | | | |
| | | , | | | | | | | | |
| Olamata y B | | | I attest | that the above i | nformation | is true and correct. | Dete | | | |
| Signature - Parent or G | uardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 |)-2501 | Due | e to School Clerk June 1 | | |
|--|---|----------------------------|---|--|--|
| Elementary District Responsible for Re | eimbursing the Contract | | County | | Legal Entity |
| Kalispell Elem | | | Flathead | | 0310 |
| High School or K-12 District Responsil | ble for Reimbursing the Cor | ntract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between el □ yes □ no | lementary and high scho | ool? | | | |
| Are you applying for isolation stat | us? 🗆 Yes 🗆 No | | Student Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA |) A, provides for increased rei | imbursement | Otadent Name | GCHOOL | Clade |
| rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov | ation of residence. In order ces must be reviewed and a sportation committee, and the | to receive approved by the | Student Name | School | Grade |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been a | pproved by the | Student Name | School | Grade |
| Elem District Approval □ yes | Initials □ no □ no □ no | | Student Name | School | Grade |
| County Approval | □ no | | THIS CONTRACT IS F Grades 1-12 | OR: | |
| Parent or Guardian Name: (Pleas | se Print) | | ☐ 1st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Tracy Lee Physical Address (street address | oulv). | | Pre-kindergarten/Kinde | | Dette Occasiona |
| 1 Tryologi / tudiess (street address | orny). | | ☐ 1st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Distance from home to nearest so Elementary 16.1 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only | , | | by this contract: To or from Bus Stop To or from School Kindergarten child ric | times per day,times per day,times per day,times per day,tes without other scho | days per week days per week ol-age students: days per week days per week days per week days per week |
| Students in Each Grade Level - Only include | the students to be covered by the | nis contract. | Deadlines: | | |
| Pre-K | K 1-8 | 9-12 | PARENTS: Due to Sc | hool Clerk June 1. | |
| Total | Total Total | Total | CLERKS : Send origin files. | al to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | NDENTS: Send origina | ıl to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | NDENTO. Gend origina | i to Of 1 by July 10, retain a |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For dis | strict, county and OPI | use only) |
| Reg. Contingency | | | Reim | bursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | | | | | |
| Agreement between parent (pare | nt name) | | , and school district (dis | etrict name) | |
| | | | | | ······································ |
| (county name) The parties agree as follows: | | • | er referred to as the District(s | | |
| insured driver will transport the stude | nts. Mileage contracts are valid | only when transportatio | or bus stop on the days when school is n for the distance reported on the contri ion upon certification by the teacher or | act actually occurs. | |
| transported for the past semester. | | | 12, MCA, and the information accompa | | TIDOL OL LIAYS LITE SULLETTI(S) WAS |
| | | e student(s) is no longer | enrolled in school, whichever occurs f | | Date |
| Kalispell Elem | , | | | | |
| High School District | Chair, Board of Truste | ees | | | Date |
| | I attes | st that the above ir | nformation is true and correct | · | |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | ox 202501 a, MT 59620 | | | | School Year 2005- 2006 te to School Clerk June | | |
|---|---|---|---|--|---|---|--|
| Elementary District Res | oonsible for Re | imbursing the | Contract | | County | · | Legal Entity |
| High School or K-12 Dis | trict Responsit | ole for Reimbu | rsing the Con | tract | County | | Legal Entity |
| Columbia Falls F | IS | | | | Flathead | | 0313 |
| Is this contract share □ yes □ no | d between el | ementary an | d high scho | ol? | | | |
| Are you applying for (If yes, please attach | explanation) | | □ No | | Student Name | School | Grade |
| ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7) | stances of isola al circumstanc ne county trans | tion of resident ses must be resportation com | ce. In order to viewed and apmittee, and the | o receive oproved by the | Student Name | School | Grade |
| Check here only if increase District Trustees and the | ased payment | due to isolation | n has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval | □ yes | Ini □ no | tials | | Student Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS | S FOR: | |
| Parent or Guardian N | lame: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Onl | y □ 2nd Semester Onl | y Both Semesters |
| Vera Gail Meeks | | a mla A | | | Pre-kindergarten/Kir | | |
| Physical Address (str | eet address | oniy): | | | □ 1st Semester Onl | y 2nd Semester Onl | y Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one | HS 8.5 to nearest bu HS 0 | | | | Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child | times per day, times per day, rides without other scho | days per week days per week ol-age students: days per week days per week days per week days per week |
| Students in Each Grade Lev | rel - Only include | the students to b | e covered by th | is contract. | Deadlines: | School Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send orig | ginal to County Supt by Jul | y 1, retain a copy for your |
| Regular Trans | | | | | files. | TENDENTS, Sond origins | al to ORI by July 10, rotain a |
| Spec. Ed. Trans | | | | | copy for your files. | TENDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | (For | REIMBURSEMENT RA | |
| Correspondence | | | | | | | |
| Reg. Contingency | | | | | Re | imbursement rate is detern 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | <u>, </u> | |
| Agreement between | parent (parer | nt name) | | | , and school district (| district name) | |
| insured driver will tra 2. In March and June, to transported for the p 3. The payment shall b | sport or provide t insport the studer he District shall p ast semester. e computed on the | nts. Mileage con ay the parent the ne basis of the sc | the student(s) t tracts are valid of e sum officially a hedule establish | o and from the school only when transportati approved in the applicated in Section 20-10-1 | or bus stop on the days when schoo on for the distance reported on the cation upon certification by the teache 142, MCA, and the information acconer enrolled in school, whichever occu | I is in session. The parent or guard ontract actually occurs. or principal of the school of the nu apanying this contract. | |
| Elementary School D | | | rd of Truste | | | | Date |
| High School District Columbia Falls H S | | Chair, Boa | rd of Truste | es | | | Date |
| | | | l attes | t that the above | information is true and corre | ect. | |
| Signature - Parent or C | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | school Year ue to School | 2005- 2006 Clerk June 1 | | |
|---|---|--|---|---------------------------|-----------------------------|--------------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| Cayuse Prairie | Elem | | | | | Flathead | | 0317 |
| High School or K-12 D | istrict Responsil | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | lementary an | d high scho | ol? | | | | |
| Are you applying for (If yes, please attact ISOLATION: Section | h explanation) |) | □ No | mhuraamant | Stude | nt Name | School | Grade |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appoint and the mittee, and the | to receive pproved by the | Stude | nt Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Stude | nt Name | School | Grade |
| Elem District Approval | □ yes | lni □ no | tials | | Stude | nt Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 : Semester Only | □ 2nd Semester On | ly □ Both Semesters |
| Debie Raiman | | | | | Dro ki | ndorgarton/Kindor | raartan | |
| Physical Address (s | treet address | only): | | | | ndergarten/Kinder : Semester Only | | ly Both Semesters |
| | | | | | KIND | FRGARTEN/PRF | KINDERGARTEN: | |
| Distance from home Elementary 5 | e to nearest so HS 0 | chool (one wa | ay) | | Kinde by thi | ergarten child ride is contract: | es <u>with</u> other school- | age students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | y (one way) | | Kinde To or | ergarten child ride from Bus Stop | es <u>without</u> other scho times per day, | cool-age students: days per week days per week days per week |
| □ Contract is for o | ne-way only | | | | 10 01 | | times per day, | days per week |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | | dlines: ENTS: Due to Sch | and Clark lung 1 | |
| | Pre-K | K | 1-8 | 9-12 | PARE | inis: Due to sch | loof Clerk June 1. | |
| | Total | Total | Total | Total | CLER files. | KS: Send origina | Il to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | | NTY SUPERINTE | NDENTS: Send origina | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT R trict, county and OP | |
| Correspondence | | | | | | (1 0. 0.0 | and, doding and or | l dec ciny) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | <u> </u> | | | 1 | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and s | school district (dist | rict name) | , |
| (county name) | | | | County hereina | fter referred to | o as the District(s) | | |
| The parties agree as follow | | transportation for | | • | | ` ' | | dian assures that a licensed and |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | tion for the distanc | e reported on the contra | ct actually occurs. | umber of days the student(s) was |
| transported for the | past semester. | • | • | | · | e information accompan | · | annos or days the student(s) Was |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | ool, whichever occurs fire | | I Dete |
| Elementary School Cayuse Prairie Eler | | Chair, Boa | ard of Truste | ees | | | | Date |
| High School District | | Chair, Boa | ard of Truste | ees | | | | Date |
| | | 1 | l attes | t that the above | information is | s true and correct. | | <u>I</u> |
| Signature - Parent or | Guardian | | | | | | Date | |
| | | | | | | | 1 | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | ie to School Cl | erk June 1 | |
|--|------------------------------|-------------------|--|------------------|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | nty | Legal Entity |
| Kila Elem | | | | | Fla | thead | 0323 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | ract | Cou | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary ar | nd high school | ol? | - | | |
| Are you applying for | r isolation stati | us? □ Yes | □ No | | Student N | Name School | Grade |
| (If yes, please attac ISOLATION: Section | h explanation) | nrovides for | increased rein | nhursement | Student i | varrie Scribbi | Graue |
| rates for special circun | nstances of isola | ition of resider | nce. In order t | o receive | Student N | Name School | Grade |
| increased rates, individed trustees of the district, | the county trans | sportation com | mittee, and the | | | | 0.000 |
| Public Instruction. (10. | · | J | ŕ | | Student N | Name School | Grade |
| Check here only if incr District Trustees and the | | | | proved by the | | | |
| Elem District Approval | □ ves | □ no | itials | | Student N | Name School | Grade |
| HS District Approval | □ yes □ | □ no | | | THIS CO | NTRACT IS FOR: | |
| Parent or Guardian | | | | | Grades 1 | -12 | 0.1 - 0.4 0 |
| | • | , | | | □ 1st Se | mester Only | r Only Both Semesters |
| Albert Hauser Physical Address (s | treet address | oulv). | | | | ergarten/Kindergarten | n Only |
| i injoiodi / idarooo (o | aroot address | oy/. | | | □ TSt Se | mester Only | r Only Both Semesters |
| | | | | | | GARTEN/PREKINDERGARTEN | ool-age students also covered |
| Distance from home | | hool (one wa | ay) | | by this c | ontract: | _ |
| Elementary 15.7 | HS 0 | | | | To or fron | m Bus Stop times per c m School times per c | lay, days per week |
| Distance from home Elementary 10.2 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderga | rrten child rides <u>without</u> other son Bus Stop times per come School | school-age students: |
| □ Contract is for o | ne-way only | | | | To or fron | m School times per c | lay, days per week |
| Students in Each Grade Lo | evel - Only include | the students to I | be covered by thi | is contract. | <u>Deadlir</u> | nes: | |
| | Pre-K | K | 1-8 | 9-12 | PARENT | S: Due to School Clerk June 1. | |
| | Total | Total | Total | Total | | : Send original to County Supt b | y July 1, retain a copy for your |
| Regular Trans | | | | | files. | | |
| Spec. Ed. Trans | | | | | COUNTY copy for y | | riginal to OPI by July 10, retain a |
| Room & Board | | | | | | REIMBURSEMEN | T RATE |
| Correspondence | | | | | | (For district, county and | OPI use only) |
| _ | | | | | | | |
| Reg. Contingency | | | | | | Reimbursement rate is d | |
| Spec. Ed. Contin. | | | | | | 20-10-142, MO | <i>;</i> A. |
| | | | | | | | |
| Agreement between | naront (naro | at nama) | | | and ash | ool district (district name) | |
| Agreement between | i parent (parei | it riame) | | | | | ······································ |
| (county name) The parties agree as follow | vs: | | ······································ | County, hereinat | fter referred to as | s the District(s). | |
| The parent shall tra | ansport or provide t | | | | | ys when school is in session. The parent or ported on the contract actually occurs. | guardian assures that a licensed and |
| | , the District shall p | | | | | by the teacher or principal of the school of | the number of days the student(s) was |
| The payment shall | be computed on th | | | | 142, MCA, and the info er enrolled in school, w | ormation accompanying this contract. whichever occurs first. | |
| Elementary School Kila Elem | | | ard of Truste | | | | Date |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | - ملام ا | t that the chara | information is to | to and correct | |
| Signature - Parent or | Guardian | | ı attes | ı ınaı ine above | information is tru | Date | |
| Jigiiature - raient Or | Juui ulai l | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | |
|--|-----------------------------------|-------------------|---|------------------|------------------------------|---|---|--------------------------|----------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attac | h explanation) 20-10-142, MCA | A, provides for | increased reir | nbursement | 1 | John Hamo | 3011001 | | Olddo | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10. | dual circumstand the county trans | es must be re | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Check here only if incredit in | eased payment | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | | Grade | |
| Elem District Approval | | | tials | | Stud | dent Name | School | | Grade | |
| HS District Approval | | | | | THIS | THIS CONTRACT IS FOR: | | | | |
| Parent or Guardian | | | | | Gra | des 1-12 | | lu Dath Can | | |
| Amber L. Bucho | .l= | | | | □ □ 1 | st Semester Only | 2nd Semester Onl | ly □ Both Sem | iesters | |
| Physical Address (s | | only): | | | | kindergarten/Kinderg | garten □ 2nd Semester Onl | lv □ Both Sem | nesters | |
| | | | | | | • | | , = ===== | | |
| Distance from home Elementary 8.9 Distance from home | HS 0 | ` | | | Kind by t To d To d | his contract: or from Bus Stop or from School | es <u>with</u> other school-a times per day, times per day, es <u>without</u> other scho | days | per week per week | |
| Elementary 0 | HS 0 | • • | , | | To c | or from Bus Stop | times per day, _ times per day, _ | days | per week | |
| ☐ Contract is for o | , , | the students to t | be covered by thi | s contract. | Dea | adlines: | | - | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by Jul | ly 1, retain a copy | for your | |
| Regular Trans | | | | | COL | INTY SUDEDINTEN | IDENTS: Send origina | al to OPI by July: | 10 rotain a | |
| Spec. Ed. Trans | | | | | | y for your files. | DENTS. Send ongina | al to OF1 by July | io, retain a | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | _ | | | | |
| Contingency | | | | | | Reimbi | ursement rate is deterr 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) | | | (| County, hereina | ifter referred | to as the District(s). | | | | |
| | ansport or provide t | | | | | | session. The parent or guard | dian assures that a lice | nsed and | |
| In March and June. | , the District shall p | | | | | nce reported on the contraction by the teacher or posterior | ct actually occurs. rincipal of the school of the nu | ımber of days the stude | ent(s) was | |
| | be computed on th | | | | | the information accompany | | | | |
| Elementary School | | | ard of Truste | | ,o. omoneu m se | | <u></u> | Date | | |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | l attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | i attes | t andt and above | omadon | and and correct. | Date | | | |
| - | | | | | | | i | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Elementary District Responsible for Reinbursing the Context Kill at Elem Flathead 0.323 | | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | |
|--|---|--|---------------------------------|----------------------------------|-----------------------|--------------------------------------|---|----------------------------------|-------------------------|--------------|
| High School or K-12 Desirct Responsible for Raimbursing the Contract Substitution Linguistic Entry | Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | |
| High School or K-12 Desirct Responsible for Raimbursing the Contract Substitution Linguistic Entry | Kila Elem | | | | | | Flathead | | 0323 | |
| Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Re | High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Room & Board Correspondence Reg. Room & Board Correspondence Reg. Correspondence Re | | | | | | | | | | |
| Student Name School Grade THIS CONTRACT IS FOR: St | | ed between el | ementary an | d high school | ol? | | | | | |
| SoLd TriON: Section 20-10-142, MCA, provides for increased reminusment rates for special crustmatences of special communitaries of special communitaries and be control to receive and and approved by the District Triales and the County Transportation Committee (Pace Notes) County Transportation County County County Transportation County Transportation County County Transportation County Transportation County County Transportation County County Transportation County Transportation County County Transportation County County Transportation County Transportation County County Transportation County County County County County County Transportation County | | | | □ No | | Stud | dent Name | School | | Grade |
| Student Name | ISOLATION: Section | 20-10-142, MCA | , provides for | | | 1 | | | | |
| Student Name School Grade Student Name School Grade S | increased rates, individe trustees of the district, | lual circumstanc the county trans | es must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | dent Name | School | | Grade |
| Student Name School Grade Student Name School Stud | , | • | J | ŕ | | Stud | dent Name | School | | Grade |
| Student Name School Grade Heb District Approval yes no | | | portation Com | mittee. | proved by the | | | | | |
| This CONTRACT IS FOR: Grades 1-12 | | | no | tials | | Stud | dent Name | School | | Grade |
| Amy & David Metcalfe Physical Address (street address only): Distance from home to nearest school (one way) Elementary 6 HS 0 Distance from home to nearest substance from home to nearest school (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-kindergarten child rides with other school-age students also covered by this contract. To or from Bus Stop | | | | | | | | DR: | | |
| Physical Address (street address only): Semester Only 2nd Semester Only 8bth Semesters | Parent or Guardian | Name: (Please | e Print) | | | | | □ 2nd Semester Onl | y □ Both Se | mesters |
| Ist Semester Only 2nd Semester Only Both Semesters | | | | | | Pre- | kindergarten/Kinder | narten | | |
| Stance from home to nearest school (one way) Stance from home to nearest school (one way) HS 0 To or from Bus Stop times per day, days per week provides the stance of the provides transported by this contract: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or from School times per day, days per week (indergarten child rides without other school-age students: To or fro | Physical Address (s | treet address | only): | | | | | | y Both Se | mesters |
| Distance from home to nearest school (one way) Elementary 6 | | | | | | | | | | |
| Distance from nome to rearest bus stop, if any (one way) Contract is for one-way only | | | hool (one wa | ay) | | bv t | his contract: | | _ | |
| Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total | | | ıs stop, if an | y (one way) | | Kin | dergarten child ride | es <u>without</u> other scho | ol-age student | is: |
| Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total | □ Contract is for o | ne-way only | | | | To o | or from School | times per day, _ | days | s per week |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) Double transported to the countain statually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. In high school District Chair, Board of Trustees Date I attest that the above information is true and correct. | Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | is contract. | Dea | adlines: | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name County name County name County hereinafter referred to as the District (district name) In the part sea gree as follows: In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certificat | | _ | | | - | PAF | RENTS: Due to Scho | ool Clerk June 1. | | |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | | Total | Total | Total | Total | | | to County Supt by Jul | y 1, retain a cop | by for your |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) The parties agree as follows: 1. The parties agree as follows: 1. The parties support the students. Mileage contracts are valid only when transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall remained at the end of the school oyed or ow them the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees I attest that the above information is true and correct. | Regular Trans | | | | | COL | INTY SUPERINTEN | IDENTS: Send origina | al to OPI by July | /10 retain a |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The paries agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application portification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct. | Spec. Ed. Trans | | | | | | | | | , |
| Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District (S). The pariets agree as follows: 1. The pariets signed as follows: 1. The pariet shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application or eriffication by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date | Room & Board | | | | | | | | | |
| Agreement between parent (parent name) | Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Agreement between parent (parent name) | Reg. | | | | | | Dairek | | ain a al la | |
| Agreement between parent (parent name) | 0 , | | | | | | Reimbi | | ninea by | |
| County, name County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Date Chair, Board of Trustees Date Da | opec. Lu. Contin. | | | | | | | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Kila Elem High School District Chair, Board of Trustees I attest that the above information is true and correct. | | | | | | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the school less as the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Chair, Board of Trustees I attest that the above information is true and correct. I attest that the above information is true and correct. | Agreement betweer | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , |
| 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Kila Elem Chair, Board of Trustees Date I attest that the above information is true and correct. | | | | | County, hereina | fter referred | to as the District(s). | | | |
| 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Kila Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | The parent shall tra | ansport or provide t | | | | | | | lian assures that a lic | censed and |
| 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Kila Elem High School District Chair, Board of Trustees Chair, Board of Trustees Date I attest that the above information is true and correct. | In March and June transported for the | , the District shall p past semester. | ay the parent the | e sum officially a | pproved in the applic | cation upon certi | fication by the teacher or pr | rincipal of the school of the nu | mber of days the stu | dent(s) was |
| Kila Elem Date High School District Chair, Board of Trustees Date Lattest that the above information is true and correct. | This contract shall | terminate at the en | d of the school y | ear or when the | student(s) is no long | -142, MCA, and per enrolled in so | the information accompany chool, whichever occurs firs | ring this contract. t. | Ts. | |
| I attest that the above information is true and correct. | • | District | Chair, Boa | ard of Fruste | es | | | | Date | |
| | High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | <u> </u> | I attes | t that the above | information | is true and correct. | | 1 | |
| | Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Du | ie to School Cl | erk June 1 | |
|---|--------------------------------------|---------------------------------------|---------------------|------------------------|--------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | nty | Legal Entity |
| Kila Elem | | | | | Fla | ithead | 0323 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | ract | Cou | | Legal Entity |
| | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | nd high school | ol? | | | |
| Are you applying for | r isolation stati | us? □ Yes | □ No | | Student N | Name School | Grade |
| (If yes, please attac ISOLATION: Section | h explanation) 20-10-142. MCA | A. provides for | increased reir | mbursement | Otadenti | variic ociiooi | Grade |
| rates for special circum increased rates, individ | nstances of isola | ition of resider | nce. In order t | o receive | Student N | Name School | Grade |
| trustees of the district, Public Instruction. (10. | the county trans | sportation com | mittee, and th | | | | |
| Check here only if incre | · | , , | ŕ | inroved by the | Student N | Name School | Grade |
| District Trustees and th | | portation Con | | provou by the | | | |
| Elem District Approval | | □ no | | | Student N | Name School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | NTRACT IS FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1 □ 1st Se | -12 mester Only □ 2nd Semeste | er Only Both Semesters |
| Anita Golden | | | | | Pre-kinde | ergarten/Kindergarten | |
| Physical Address (s | treet address | only): | | | | mester Only 2nd Semester | er Only Both Semesters |
| | | | | | | GARTEN/PREKINDERGARTEN | |
| Distance from home | e to nearest so | hool (one w | ay) | | Kinderga by this c | | hool-age students also covered |
| Elementary 5.5 | HS 0 | | | | To or fror | n Bus Stop times per | day, days per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | ıs stop, if an | y (one way) | | Kinderga | arten child rides without other | day, days per week school-age students: day, days per week |
| □ Contract is for o | ne-way only | | | | To or fror | m School times per | day, days per week day, days per week |
| Students in Each Grade Le | evel - Only include | the students to | be covered by thi | is contract. | <u>Deadlir</u> | nes: | |
| | Pre-K | K | 1-8 | 9-12 | PARENT | S: Due to School Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS files. | : Send original to County Supt | by July 1, retain a copy for your |
| Regular Trans | | | | | | | |
| Spec. Ed. Trans | | | | | copy for y | | original to OPI by July 10, retain a |
| Room & Board | | | | | | REIMBURSEMEN | NT RATE |
| Carrognandanaa | | | | | | (For district, county and | I OPI use only) |
| Correspondence | | | | | | | |
| Reg. Contingency | | | | | | Reimbursement rate is | |
| Spec. Ed. Contin. | | | | | | 20-10-142, M | CA. |
| | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | . and sch | ool district (district name) | |
| | F (F | , , , , , , , , , , , , , , , , , , , | | | fter referred to as | | , |
| (county name) The parties agree as follow | | ransportation fo | | - | | ys when school is in session. The parent | or quardian assures that a licensed and |
| insured driver will t | ransport the studer | nts. Mileage cor | ntracts are valid o | only when transportati | ion for the distance rep | ported on the contract actually occurs. by the teacher or principal of the school o | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the s | chedule establish | ned in Section 20-10- | 142, MCA, and the info | ormation accompanying this contract. | |
| | terminate at the er | d of the school | | student(s) is no longe | er enrolled in school, v | | Date |
| Kila Elem | | , | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attes | t that the above | information is tru | ie and correct. | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Dı | ue to Scho | ol Clerk June 1 | | | |
|---|---|---------------------------------|----------------------------------|-----------------------|--------------------|--|---|-----------------------|----------------|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | es must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade |
| Public Instruction. (10. | • | J | ŕ | | Stuc | lent Name | School | | Grade |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | |
| Elem District Approval | | no | tials | | Stuc | lent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | PR: | | |
| Parent or Guardian | Name: (Please | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters |
| Ann Brown | | | | | Pre- | kindergarten/Kinderg | rarten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | y 🛛 Both Se | mesters |
| | | | | | | DERGARTEN/PREM | | | |
| Distance from home Elementary 7 | to nearest sc | hool (one wa | ay) | | bv t | his contract: | times per day | _ | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | ts: |
| · | | | | | To c | r from School | times per day, _ times per day, _ | days | s per week |
| ☐ Contract is for or Students in Each Grade Le | • • | the students to b | be covered by thi | s contract. | Dea | adlines: | | | |
| | Pre-K | К | 1-8 | 9-12 | | RENTS: Due to Scho | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | by for your |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS: Send origina | al to OPI by July | / 10, retain a |
| Spec. Ed. Trans | | | | | | for your files. | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | |
| Reg. | | | | | | Paimhi Paimhi | ursement rate is detern | mined by | |
| Contingency Spec. Ed. Contin. | | | | | | Kembe | 20-10-142, MCA. | illica by | |
| 5,000. Ed. 00mm. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | I school district (distr | ict name) | | , |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | |
| The parent shall tra insured driver will to | ansport or provide t ransport the studer | nts. Mileage con | tracts are valid o | only when transportat | tion for the dista | nce reported on the contract | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | imber of days the stu | dent(s) was |
| This contract shall | terminate at the en | d of the school y | ear or when the | student(s) is no long | er enrolled in so | the information accompany hool, whichever occurs firs | ing this contract. t. | Doto | |
| Elementary School Kila Elem | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | I attes | t that the above | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Heler | na, MT 59620 | -2501 | | Dı | ue to Scho | ol Clerk June 1 | | | | |
|---|---------------------|-------------------|--------------------------|-----------------------|-----------------------|---|--|-----------------------|--------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share | od botwoon ol | omontary an | d high scho | V2 | | | | | | |
| ges no | eu between ei | ememary an | u nign schoo | л : | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attac | | | increased rein | nbursement | 1 | aciii i vaiii c | 2011001 | | Olddo | |
| rates for special circum | nstances of isola | ition of resider | ice. In order to | o receive | Stud | dent Name | School | | Grade | |
| increased rates, individe trustees of the district, | the county trans | sportation com | mittee, and the | | | John Harrio | 3011001 | | Olddo | |
| Public Instruction. (10. | 7.116 ARM prov | rides guideline | s for such.) | | Stud | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap imittee | proved by the | | | | | | |
| | | Ini | tials | | Stud | dent Name | School | | Grade | |
| Elem District Approval HS District Approval | □ yes □ | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| County Approval Parent or Guardian | | no | | | | des 1-12 | <u>)K:</u> | | | |
| Parent of Guardian | ivallie. (Fleas | e Fillit) | | | □ 1 | st Semester Only | ☐ 2nd Semester Onl | ly Both Se | mesters | |
| Bulinda K. Egley | | | | | Pre- | Pre-kindergarten/Kindergarten | | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Onl | ly Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home | to nearest sc | hool (one wa | av) | | | dergarten child ride his contract: | es with other school- | age students a | lso covered | |
| Elementary 6 | HS 0 | ` | , | | To o | or from Bus Stop | times per day, _ | days | s per week | |
| Distance from home | to nearest bu | is stop, if any | (one way) | | To d Kind | or from School dergarten child ride | times per day, _es <u>without</u> other scho | days | s per week | |
| Elementary 0 | HS 0 | | | | To c | or from Bus Stop | times per day, _ | days | s per week | |
| □ Contract is for o | ne-way only | | | | Тос | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | | | to County Supt by Jul | ly 1, retain a cop | by for your | |
| Regular Trans | | | | | files | | | | | |
| Snoo Ed Trans | | | | | | | IDENTS: Send origina | al to OPI by July | 10, retain a | |
| Spec. Ed. Trans | | | | | copy | y for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT R | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | | | | | |
| Contingency | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (| . " | , | | Darratir hanaina | | , | , | | | |
| (county name) The parties agree as follow | | | | • | | to as the District(s). | | | | |
| insured driver will t | ransport the studer | nts. Mileage con | tracts are valid of | nly when transportat | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | • | | rincipal of the school of the nu | imber of days the stu | dent(s) was | |
| This contract shall | terminate at the en | d of the school y | ear or when the | student(s) is no long | | the information accompany chool, whichever occurs firs | | 1 | | |
| Elementary School Kila Elem | District | Chair, Boa | ard of Truste | es | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| 0: | 0 " | | I attes | that the above | information | is true and correct. | Data | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | |
|---|--------------------------------------|---------------------------------|------------------------------|---|--------------------------------------|--|---|------------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsit | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | , provides for | | | 1 | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade |
| Public Instruction. (10. | · | J | , | | Stud | dent Name | School | | Grade |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | |
| Elem District Approval | □ yes □ | Ini □ no | tials | | Stud | lent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | R: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | ☐ 2nd Semester Onl | v □ Both Se | mesters |
| Caroline Frary | | | | | | • | • | , | |
| Physical Address (s | treet address | only): | | | | kindergarten/Kinderg st Semester Only | ☐ 2nd Semester Only | y 🗆 Both Se | mesters |
| | | | | | KIN | DERGARTEN/PREM | (INDERGARTEN: | | |
| Distance from home Elementary 5 | to nearest so | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | |
| Distance from home Elementary 0 | to nearest bu | is stop, if an | y (one way) | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | ts: |
| □ Contract is for o | ne-way only | | | | To o | or from School | times per day, _ | days | per week |
| Students in Each Grade Le | evel - Only include | the students to b | be covered by thi | s contract. | | adlines: | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | y for your |
| Regular Trans | | | | | | | DENTC: Cond origina | da ODI bu luk | . 10 |
| Spec. Ed. Trans | | | | | | for your files. | DENTS : Send origina | ii to OPI by July | 10, letaili a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimbu | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 1110/11 | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | ict name) | | ······································ |
| (county name) | | | (| County, hereina | ifter referred | to as the District(s). | | | |
| | ansport or provide t | | | | | | session. The parent or guard | ian assures that a lic | censed and |
| | , the District shall p | | | | | nce reported on the contraction by the teacher or pr | incipal of the school of the nu | mber of days the stu | dent(s) was |
| The payment shall | be computed on th | e basis of the so | chedule establish | ed in Section 20-10- student(s) is no long | -142, MCA, and ger enrolled in so | the information accompany | ing this contract. t. | | |
| Elementary School | | | ard of Truste | | , | , | | Date | |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | 1 =44 = - | that the share | informatica | in two and | | | |
| Signature - Parent or | Guardian | | ı attes | tinat the above | information | is true and correct. | Date | | |
| griataro i arciit Or | - auraran | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | |
|---|---|----------------------------------|----------------------------------|-----------------------|--------------------|--|---|----------------------|--------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | , | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | A, provides for | | | 1 | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | ces must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade |
| Public Instruction. (10. | • | J | ŕ | | Stuc | lent Name | School | | Grade |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | |
| Elem District Approval | | □ no | tials | | Stud | lent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | ıR: | | |
| Parent or Guardian | Name: (Please | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters |
| Carrie Derby | | | | | Pre- | kindergarten/Kinderg | narten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | y 🛛 Both Se | mesters |
| | | | | | | DERGARTEN/PREM | | | |
| Distance from home Elementary 4 | to nearest sc | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | s: |
| · | | | | | To d | r from School | times per day, _ times per day, _ | days days | s per week s per week |
| ☐ Contract is for or Students in Each Grade Le | • • | the students to b | ne covered by thi | s contract. | Dea | adlines: | | | |
| | Pre-K | К | 1-8 | 9-12 | | RENTS: Due to Scho | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | by for your |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS : Send original | al to OPI by July | 10, retain a |
| Spec. Ed. Trans | | | | | | for your files. | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | |
| Reg. | | | | | | Paimhi Paimhi | ırsement rate is deterr | nined by | |
| Contingency Spec. Ed. Contin. | | | | | | Kembe | 20-10-142, MCA. | Timed by | |
| 5,000. Ed. 00mm. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | I school district (distr | ict name) | | ·, |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | |
| The parent shall tra insured driver will to | ansport or provide t ransport the studer | nts. Mileage cor | tracts are valid o | only when transportat | tion for the dista | nce reported on the contract | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | mber of days the stu | dent(s) was |
| This contract shall | terminate at the en | d of the school | ear or when the | student(s) is no long | er enrolled in so | the information accompany hool, whichever occurs firs | ing this contract. i. | Doto | |
| Elementary School Kila Elem | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | · | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------------|--------------------------------------|--|---|------------------------|--------------|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade |
| Public Instruction. (10. | · | J | , | | Stud | lent Name | School | | Grade |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | |
| Elem District Approval | | no | tials | | Stud | lent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | y 🗆 Both Se | mesters |
| Charles Gamble | | | | | Pre- | kindergarten/Kinderg | narten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y 🗆 Both Se | mesters |
| | | | | | | DERGARTEN/PREM | | | |
| Distance from home Elementary 5 | to nearest so | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | s: |
| □ Contract is for o | ne-way only | | | | To | or from School | times per day, _ | days | per week |
| Students in Each Grade Le | | the students to b | be covered by thi | is contract. | Dea | adlines: | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | |
| Dogular Trans | Total | Total | Total | Total | CLE files | | to County Supt by July | y 1, retain a cop | y for your |
| Regular Trans Spec. Ed. Trans | | | | | | JNTY SUPERINTEN of for your files. | DENTS : Send origina | l to OPI by July | 10, retain a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | |
| Correspondence | | | | | | | rict, county and OPI | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimbu | rsement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | 20 10 142, 10071. | | |
| | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | ict name) | | , |
| (county name) | | | | County, hereina | after referred | to as the District(s). | | | |
| | ansport or provide t | | | | | | session. The parent or guard | ian assures that a lic | ensed and |
| | , the District shall p | | | | | nce reported on the contraction by the teacher or pr | ct actually occurs. incipal of the school of the nur | mber of days the stu | dent(s) was |
| The payment shall | be computed on th | e basis of the so | chedule establish | ned in Section 20-10 | -142, MCA, and per enrolled in so | the information accompany | ing this contract. | | |
| Elementary School | | | ard of Truste | | 30. CINORCU III SC | | | Date | |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | - علام ا | t that the above | informatia | in true and as | | | |
| Signature - Parent or | Guardian | | ı attes | ı ınaı ine above | iniormation | is true and correct. | Date | | |
| | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Dι | ue to Scho | ol Clerk June 1 | | |
|---|--|--|---|--|---|---|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high school | ol? | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased reir | mbursement | | | 0011001 | 5.445 |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | stances of isola ual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and apprinted in the contract of the c | o receive oproved by the | Stud | lent Name | School | Grade |
| Check here only if incre | · | , , | ŕ | proved by the | Stud | lent Name | School | Grade |
| District Trustees and th | | sportation Con | | , | <u> </u> | Land Nieman | Ochool | Orada |
| Elem District Approval HS District Approval | | □ no □ no | | | Stud | lent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Chris & Kimberly | | | | | Pre- | kindergarten/Kinder | garten | |
| Physical Address (st | treet address | only): | | | | | | y Both Semesters |
| Distance from home Elementary 7 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | us stop, if an | y (one way) | s contract. 9-12 Total | KINI Kinc by ti To o Kinc To o To o PAR CLE files | DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original or for your files. REGION OF THE PROPERINTEN OF TH | times per day, tool Clerk June 1. | days per week days per week days per week ol-age students: days per week |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall | rs: nsport or provide to ansport the studer the District shall past semester. be computed on the terminate at the er | transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school | r the student(s) to tracts are valid of e sum officially a chedule establish | County, hereinal of and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer | fter referred I or bus stop on ion for the distal ation upon certil 142, MCA, and | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nui | ian assures that a licensed and mber of days the student(s) was |
| Kila Elem | | , | | | | | | |
| High School District | | Cnair, Boa | ard of Truste | es | | | | Date |
| | | | l attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------------|------------------------------|---|---|-------------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | Student Name School Grade | | | | |
| Public Instruction. (10. | · | J | , | | Student Name School Grade | | | | | |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | lent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y Both Sei | mesters | | |
| Chris Schuck | | | | | Pre- | kindergarten/Kinderg | parten | | | |
| Physical Address (s | treet address | only): | | | | | 2nd Semester Onl | y 🗆 Both Sei | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 18 | to nearest so | hool (one wa | ay) | | bv t | his contract: | es <u>with</u> other school-a times per day. | _ | | |
| Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 | | | | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | ts: | |
| □ Contract is for o | ne-way only | | | | To | or from School | times per day, _ | days | per week | |
| Students in Each Grade Le | • • | the students to b | be covered by thi | is contract. | Dea | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| Decular Trans | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | y for your | |
| Regular Trans Spec. Ed. Trans | | | | | | JNTY SUPERINTEN of for your files. | IDENTS: Send origina | al to OPI by July | 10, retain a | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATF | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbu | ursement rate is deterr | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | 1 | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | ······································ | |
| (county name) | | | | County, hereina | after referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | lian assures that a lic | censed and | |
| In March and June, | , the District shall p | | | | | nce reported on the contract fication by the teacher or pr | ct actually occurs. rincipal of the school of the nu | mber of days the stu | dent(s) was | |
| transported for the 3. The payment shall 4 This contract shall | be computed on th | e basis of the so | chedule establish | ned in Section 20-10 | -142, MCA, and | the information accompany | ing this contract. | | | |
| Elementary School | | | ard of Truste | | 30. CINORCU III SC | | | Date | | |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | - علام ا | t that the above | informatia | in true and as | | | | |
| Signature - Parent or | Guardian | | ı attes | ı ınaı ine above | iniormation | is true and correct. | Date | | | |
| | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|---|---|---------------------------------|------------------------------|-----------------------|---------------------------------------|---|---|----------------------|----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | Student Name School Grade | | | | |
| Public Instruction. (10. | • | J | , | | Student Name School Grade | | | | | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | Student Name School Grade | | | | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | OR: | | | |
| Parent or Guardian | Parent or Guardian Name: (Please Print) | | | | | | □ 2nd Semester Only | y 🗆 Both Se | mesters | |
| Cynthia Frech | | | | | Pre- | kindergarten/Kinderg | narten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y 🗆 Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 7 | to nearest sc | hool (one wa | ay) | | bv t | his contract: | times per day | _ | | |
| Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 | | | | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | ts: | |
| · | | | | | To c | or from School | times per day, _ times per day, _ | days days | s per week | |
| ☐ Contract is for or Students in Each Grade Le | • • | the students to b | ne covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by July | y 1, retain a cop | y for your | |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS: Send origina | ıl to OPI by July | / 10, retain a | |
| Spec. Ed. Trans | | | | | | y for your files. | | | , | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | | |
| Reg. | | | | | | - Poimbi | ursement rate is detern | oined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Rembe | 20-10-142, MCA. | illiled by | | |
| opeo. Lu. oonun. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | ict name) | | , | |
| (county name) The parties agree as follow | VS: | | | County, hereina | ifter referred | to as the District(s). | | | | |
| The parent shall tra insured driver will to | ansport or provide t ransport the studer | nts. Mileage con | tracts are valid o | only when transporta | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | • | | incipal of the school of the nur | mber of days the stu | dent(s) was | |
| This contract shall | terminate at the en | d of the school y | ear or when the | student(s) is no long | - 142, MCA, and ger enrolled in so | the information accompany chool, whichever occurs firs | ing this contract. t. | Doto | | |
| Elementary School Kila Elem | | , | ard of Truste | | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | |
|---|--------------------------------------|----------------------------------|-----------------------------|------------------------|----------------------|--|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | Grade | |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for | | | | | G 0 G 0. | 3.000 | |
| rates for special circum increased rates, individ trustees of the district, | fual circumstand the county trans | ces must be re sportation com | viewed and apmittee, and th | pproved by the | Stud | lent Name | School | Grade | |
| Public Instruction. (10.) | • | J | ŕ | | Stud | lent Name | School | Grade | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | |
| Elem District Approval | | □ no | tials | | Stud | lent Name | School | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | ly □ Both Semesters | |
| Deborah Holt | | | | | | kindergarten/Kinder | | • | |
| Physical Address (s | treet address | only): | | | | | | ly Both Semesters | |
| | | | | | KIN | DERGARTEN/PREI | KINDERGARTEN: | | |
| Distance from home Elementary 21 | to nearest so | chool (one wa | ay) | | by t | his contract: | | age students also covered days per week | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if any | y (one way) | | To d Kin d | r from Schooldergarten child ride | times per day, _ es <u>without</u> other scho | days per week | |
| □ Contract is for o | ne-way only | | | | To d | r from School | times per day, | days per week | |
| Students in Each Grade Le | , , | the students to b | e covered by th | is contract. | Dea | adlines: | | | |
| | Pre-K | К | 1-8 | 9-12 | PAR | RENTS: Due to Sch | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by Jul | ly 1, retain a copy for your | |
| Regular Trans | | | | | | | | | |
| Spec. Ed. Trans | | | | | | JNTY SUPERINTEN for your files. | IDENTS: Send origina | al to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | Reimb | ursement rate is deterr | mined by | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Agreement betweer | i parent (parei | nt name) | | | | I school district (dist | , | ······································ | |
| (county name) The parties agree as follow | | | | , | | to as the District(s). | | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportati | ion for the dista | nce reported on the contra | ct actually occurs. | dian assures that a licensed and | |
| transported for the | past semester. | | • | | • | , | · | imber of days the student(s) was | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | the information accompany hool, whichever occurs firs | | Data | |
| Elementary School Kila Elem | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | <u> </u> | l attes | t that the above | information | is true and correct. | | • | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Di | ue to School (| Clerk June 1 | | | |
|---|------------------------------|-------------------|----------------------|-----------------------|----------------------------|--|--|----------------------|--------------------------|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | Co | ounty | <u> </u> | Legal Entity | |
| Kila Elem | | | | | F | lathead | | 0323 | |
| High School or K-12 Di | istrict Responsit | ole for Reimbu | rsing the Conf | tract | | ounty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Student | Name | School | | Grade |
| (If yes, please attach ISOLATION: Section 2 | 20-10-142, MCA | A, provides for | | | | | | | |
| rates for special circum increased rates, individ | lual circumstand | es must be re | viewed and a | oproved by the | Student | Name | School | | Grade |
| trustees of the district, Public Instruction. (10.7) | | | | e Office of | Otodood | N | Ochool | | One de |
| Check here only if incre District Trustees and th | | | | proved by the | Student | Name | School | | Grade |
| Elem District Approval | • | | itials | | Student | Name | School | | Grade |
| HS District Approval County Approval | □ yes □ | □ no | | | THIS C | ONTRACT IS FO | DR: | | |
| Parent or Guardian | | | | | Grades | | □ 2nd Semester Only | v □ Both Se | mesters |
| Ginger Rapp | | | | | | dergarten/Kinder | • | , | |
| Physical Address (st | treet address | only): | | | | | ☐ 2nd Semester Only | y 🗆 Both Se | mesters |
| | | | | | | | (INDERGARTEN: | | |
| Distance from home | | hool (one wa | ay) | | by this | contract: | es <u>with</u> other school-a | _ | |
| Elementary 9 | HS 0 | | | | To or fro | om Bus Stop om School | times per day, _ | day | s per week s per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | ıs stop, if an | y (one way) | | Kinder To or fro | garten child ride | times per day, _es <u>without</u> other scho times per day, _ times per day, _ | ol-age studen day | ts: s per week |
| □ Contract is for or | ne-way only | | | | To or fro | om School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | Deadl | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | to County Supt by July | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN r your files. | IDENTS: Send origina | il to OPI by July | y 10, retain a |
| Room & Board | | | | | | | EIMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | _{5.} - | | <u></u> | |
| Contingency | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | ninea by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | ı parent (pareı | nt name) | | | , and sc | hool district (dist | rict name) | | , |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred to | as the District(s). | | | |
| insured driver will tr | ransport the studer | nts. Mileage cor | ntracts are valid of | only when transportat | ion for the distance i | eported on the contract | | | |
| transported for the | past semester. | • | • | | • | on by the teacher or particular or particula | rincipal of the school of the nur | mber or days the Stu | iueiii(s) was |
| | terminate at the er | d of the school | | student(s) is no long | | , whichever occurs firs | | Date | |
| Kila Elem High School District | | , | ard of Truste | | | | | Date | |
| | | Chair, Boo | | | | | | Date | |
| Circumstance Brown | 0 | | I attes | t that the above | information is t | rue and correct. | Dete | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June 1 Contract #

| Heler | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | | |
|---|------------------------------|-------------------|---------------------|-----------------------|------------------------------|-------------------------------------|------------------------------|------------------------|-------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | _ | Legal Entity | | | |
| Kila Elem | | | | | | Flathead | | 0323 | | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract share | ad batwaan al | omontory or | d high coho | N2 | | | | | | | |
| | eu between ei | ementary ar | ia riigii scriot | י וכ ? | | | | | | | |
| Are you applying for | isolation statu | us? □ Yes | □ No | | Stu | dent Name | School | | Grade | | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) | nrovides for | increased rein | nhursement |]] | dent Name | 301001 | | Grade | | |
| rates for special circum | nstances of isola | ition of resider | nce. In order to | o receive | Stu | dent Name | School | | Grade | | |
| increased rates, individe trustees of the district, | the county trans | portation com | mittee, and the | | Stut | Statistic Name Soliton | | | | | |
| Public Instruction. (10. | 7.116 ARM prov | rides guideline | s for such.) | | Stu | dent Name | School | | Grade | | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap | proved by the | Stadent Ivalile School GF806 | | | | | | |
| | | In | itials | | Student Name School Grade | | | | | | |
| Elem District Approval HS District Approval | □ no □ no | | | | | | | Orado | | | |
| County Approval | | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly □ Both Se | mesters | | |
| Ginny Brown | | | | | Pre- | kindergarten/Kinder | narten | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly □ Both Se | mesters | | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | | |
| Distance from home | . 4 | h = = 1 / = = = | \ | | Kind | dergarten child ride | es with other school- | age students a | lso covered | | |
| Distance from home Elementary 16.1 | to nearest sc HS 0 | nooi (one wa | ay) | | by t | his contract: | times per day, _ | dav | s ner week | | |
| • | 4 | | . (| | To c | or from School | times per day, | days | s per week | | |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kine | dergarten child ride | es <u>without</u> other scho | ool-age studen | ts: s ner week | | |
| | | | | | To | or from School | times per day, | day: | s per week | | |
| □ Contract is for o | , , | | | | Do | adlines: | | | | | |
| Students in Each Grade Le | evel - Only include | the students to t | be covered by thi | s contract. | PAF | RENTS: Due to Sch | ool Clerk June 1. | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | EDKS. Sand original | to County Supt by Jul | ly 1 rotain a aa | ov for vour | | |
| | Total | Total | Total | Total | files | | to County Supt by Ju | iy i, ietalii a co | by for your | | |
| Regular Trans | | | | | COI | INTV SUDEDINTEN | IDENTS: Send origina | al to OPI by July | /10 retain a | | |
| Spec. Ed. Trans | | | | | | y for your files. | DENTS. Send ongine | ar to Or 1 by July | 7 TO, Tetalii a | | |
| Room & Board | | | | | | RF | EIMBURSEMENT R | ΔTF | | | |
| | | | | | | | rict, county and OPI | — | | | |
| Correspondence | | | | | | | | | | | |
| Reg. | | | | | | Reimbi | ursement rate is deteri | mined by | | | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | | |
| 5p00. Eu. 00mm. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | | |
| (county name) | | | (| County hereina | ifter referred | to as the District(s). | | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | dian assures that a li | rensed and | | |
| insured driver will to | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | | | | | |
| transported for the | past semester. | • | • | | • | the information accompany | · | or or days the stu | was | | |
| This contract shall | terminate at the en | d of the school | ear or when the | student(s) is no long | | chool, whichever occurs firs | | Dete | | | |
| Elementary School Kila Elem | DISTRICT | Cnair, Boa | ard of Truste | es | | | | Date | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | | |
| | | | 1 | 145-477 | t f- '' | 1- 4m - 1 : | | | | | |
| Olamat F | O | | I attes | t that the above | intormation | is true and correct. | Dete | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | | Due to Scho | ool Clerk June 1 | | |
|---|-------------------------------|-------------------------|------------------|--|--|--|
| Elementary District Responsible for Re | eimbursing the Cor | ntract | | County | | Legal Entity |
| Kila Elem | | | | Flathead | | 0323 |
| High School or K-12 District Responsib | ole for Reimbursin | g the Contract | | County | | Legal Entity |
| | | | | | | |
| Is this contract shared between el ☐ yes ☐ no | ementary and h | igh school? | | | | |
| Are you applying for isolation statu | | □ No | Stu | dent Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A, provides for incr | | | don't rame | 3311331 | Clado |
| rates for special circumstances of isola increased rates, individual circumstance | es must be review | ed and approved by the | e Stu | dent Name | School | Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | | | | | | |
| Check here only if increased payment | due to isolation ha | is been approved by the | Stu | dent Name | School | Grade |
| District Trustees and the County Trans | portation Committ Initials | | <u> </u> | doub None | Cahaal | Crada |
| | □ no □ no | | | dent Name | School | Grade |
| County Approval | no | | | <u>IS CONTRACT IS FO</u> ides 1-12 | DR: | |
| Parent or Guardian Name: (Please | e Print) | | | 1st Semester Only | 2nd Semester Only | / □ Both Semesters |
| Glenda Howe Physical Address (street address | only): | | | -kindergarten/Kinder | | |
| Filysical Address (street address | orily). | | | 1st Semester Only | 2nd Semester Only | / ☐ Both Semesters |
| | | | KIN Kin | IDERGARTEN/PREI | KINDERGARTEN: es with other school-a | ge students also covered |
| Distance from home to nearest so Elementary 5 HS 0 | hool (one way) | | by | this contract: | | |
| • | | | To | or from School | times per day, _ times per day, _ | days per week days per week pl-age students: |
| Distance from home to nearest but Elementary 0 HS 0 | is stop, if any (o | ne way) | Kin To | dergarten child ride or from Bus Stop | es <u>without</u> other schoot times per day, | ol-age students: days per week |
| □ Contract is for one-way only | | | То | or from School | times per day, _ | days per week days per week |
| Students in Each Grade Level - Only include | the students to be co | vered by this contract. | | adlines: | | |
| Pre-K | К | 1-8 9-12 | PA | RENTS: Due to Sch | ool Clerk June 1. | |
| Total | Total | Total Total | CL files | | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | IDENTO Conductor | I to ODI has hale 40 matein a |
| Spec. Ed. Trans | | | | y for your files. | IDEN 15: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | RE | EIMBURSEMENT RA | ATE |
| Correspondence | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | |
| Contingency | | | _ | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | 20 10 112, 11107 11 | |
| | | | | | | |
| Agreement between parent (parer | nt name) | | , an | d school district (dist | rict name) | , |
| (county name) | | County, here | einafter referre | d to as the District(s). | | |
| The parties agree as follows: 1. The parent shall transport or provide to the parties agree as follows: | | | | | | an assures that a licensed and |
| insured driver will transport the studer In March and June, the District shall p transported for the past semester. | | | | | | nber of days the student(s) was |
| The payment shall be computed on the A. This contract shall terminate at the entering the action of the past seriester. This contract shall terminate at the entering the past seriester. | | | | | | |
| Elementary School District Kila Elem | Chair, Board | | | | | Date |
| High School District | Chair, Board | of Trustees | | | | Date |
| | <u> </u> | I attest that the ab | ove information | n is true and correct. | | 1 |
| Signature - Parent or Guardian | | | | 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | | |
|---|--|-------------------|---------------------|-----------------------|-------------------------------|---|---------------------------------|------------------------|-------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | | |
| Kila Elem | | | | | | Flathead | | 0323 | | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract share | ad hatwaan al | omontory or | d high coho | N2 | | | | | | | |
| | ea between ei | ementary ar | ia nign schoo | JI ? | | | | | | | |
| Are you applying for | isolation statu | us? □ Yes | □ No | | Stuc | dent Name | School | | Grade | | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) | nrovides for | increased rein | nhursement |) 1 | Jent Name | 301001 | | Grade | | |
| rates for special circum | stances of isola | tion of resider | nce. In order to | o receive | Stuc | Grade | | | | | |
| increased rates, individe trustees of the district, | the county trans | portation com | mittee, and the | | State | Student Name School Gr | | | | | |
| Public Instruction. (10. | 7.116 ARM prov | ides guideline | s for such.) | | Stuc | dent Name | School | | Grade | | |
| Check here only if incre | eased payment | due to isolatio | n has been ap | proved by the | Gladerit Marile Scriool Glade | | | | | | |
| District Trustees and the County Transportation Committee. Initials | | | | | | Student Name School Grade | | | | | |
| Elem District Approval HS District Approval | □ no □ no | | | | | | | Orado | | | |
| County Approval | | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | | | | |
| Parent or Guardian | Name: (Please | e Print) | | | | st Semester Only | □ 2nd Semester Onl | ly 🛛 Both Se | mesters | | |
| Heidi Black | | | | | Pre- | kindergarten/Kinder | narten | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | ly 🛛 Both Se | mesters | | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | | |
| Distance from home | 4 | l 1 / · · · · | > | | Kind | dergarten child ride | s with other school- | age students a | lso covered | | |
| Distance from home Elementary 5.9 | to nearest sc HS 0 | nooi (one wa | ay) | | by t | his contract: | times per day, _ | days | s ner week | | |
| • | Distance from home to nearest bus stop, if any (one way) | | | | | or from School | times per day, | days | s per week | | |
| Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kind | dergarten child ride | s <u>without</u> other scho | ool-age student | ts: s ner week | | |
| | | | | | To c | or from School | times per day, | days | s per week | | |
| □ Contract is for o | , , | | | | Do | adlines: | | | | | |
| Students in Each Grade Le | ever - Only include | the students to t | be covered by thi | s contract. | PAR | RENTS: Due to Sch | ool Clerk June 1. | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | DKC. Sand original | to County Supt by Jul | ly 1 rotain a aa | ov for vour | | |
| | Total | Total | Total | Total | files | | to County Supt by Sui | iy i, ietalii a co | by for your | | |
| Regular Trans | | | | | COL | INTY SUDEDINTEN | IDENTS: Send origina | al to OPI by July | /10 retain a | | |
| Spec. Ed. Trans | | | | | | for your files. | DENTS. Send ongine | ar to Or 1 by July | 7 TO, Tetalii a | | |
| Room & Board | | | | | | RF | IMBURSEMENT R | ATF | | | |
| | | | | | | | rict, county and OPI | | | | |
| Correspondence | | | | | | | | | | | |
| Reg. | | | | | | Reimbi | ursement rate is deterr | mined by | | | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | | |
| 5p00. Eu. 00mm. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | | |
| (county name) | | | (| County hereina | fter referred | to as the District(s). | | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | dian accuree that a li | censed and | | |
| insured driver will to | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | ct actually occurs. | | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | imper or days trie Stu | uciii(ə) Was | | |
| This contract shall | terminate at the en | d of the school y | ear or when the | student(s) is no long | | the information accompany shool, whichever occurs firs | | 15. | | | |
| Elementary School Kila Elem | District | Chair, Boa | ard of Truste | es | | | | Date | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | | |
| | | | | | | | | | | | |
| | | | I attes | t that the above | information | is true and correct. | 2 . | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 a, MT 59620 | -2501 | | Du | ie to Schoo | ol Clerk June 1 | | | | |
|---|---|------------------------------------|---------------|-------------------------|---|--|---|---|---|--|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 Dis | strict Responsib | le for Reimbur | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | d between ele | ementary and | d high schoo | ol? | | | | | | |
| Are you applying for | | ıs? □ Yes | □ No | | Stud | ent Name | School | | Grade | |
| (If yes, please attach ISOLATION: Section 2 | 0-10-142, MCA | | | | | | | | | |
| rates for special circums increased rates, individu trustees of the district, the | ual circumstanc he county trans | es must be revenues portation comr | viewed and ap | proved by the | Stud | ent Name | School | • | Grade | |
| Public Instruction. (10.7 | · | J | ŕ | | Stud | ent Name | School | | Grade | |
| Check here only if incre District Trustees and the | ased payment of e County Trans | portation Com | mittee. | proved by the | | | | | | |
| | , | no | ials | | Stud | ent Name | School | | Grade | |
| HS District Approval County Approval | , | no no | | | | CONTRACT IS FO | <u>R:</u> | | | |
| Parent or Guardian N | Name: (Please | e Print) | | | | es 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Se | mesters | |
| James & Theres | | | | | Pre-l | kindergarten/Kinderg | arten | | | |
| Physical Address (str | reet address o | only): | | | | | ☐ 2nd Semester Only | / □ Both Se | mesters | |
| Distance from home Elementary 3.9 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 e-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by th To o To o Kind To o To o Dea PAR CLE files. | ris contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to School NTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R | s <u>with</u> other school-a times per day, times per day, s <u>without</u> other school times per day, times per day, | days ol-age student days / 1, retain a cop I to OPI by July ATE use only) | s per week s per week ts: s per week s per week | |
| (county name) The parties agree as follows 1. The parent shall traninsured driver will tra 2. In March and June, that transported for the payment shall be 4. This contract shall te | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Chair, Board of Trustees | | | | | | | | | |
| | | | I attest | that the above | information | is true and correct. | | | | |
| Signature - Parent or 0 | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | | | |
|--|--|---|--|--------------------------|---------------------------|---|---|--------------------------|----------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | | |
| Kila Elem | | | | | | Flathead | | 0323 | | | |
| High School or K-12 D | istrict Responsit | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | l | | 1 | | | |
| Are you applying for | | | □ No | | Stu | dent Name | School | | Grade | | |
| (If yes, please attac | h explanation) 20-10-142. MCA | . provides for | increased rein | mbursement | 7 | acht Name | Ochool | | Grade | | |
| rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola dual circumstance the county trans | tion of resider es must be re portation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Stud | Student Name School Grade | | | | | |
| Check here only if incredibition of the check here only incredibition of the check here only incredibition of the check here only incredibition of the check here of the check h | eased payment | due to isolatio | n has been ap | proved by the | Student Name School Grade | | | | | | |
| Elem District Approval | | | tials | | Stud | dent Name | School | | Grade | | |
| HS District Approval | no | | | TUI | S CONTRACT IS FO | ND. | | | | | |
| County Approval Parent or Guardian | | no e Print) | | | Gra | des 1-12 | <u> </u> | | | | |
| | | 0 1 mm, | | | □ 1 | st Semester Only | 2nd Semester Onl | ly □ Both Ser | nesters | | |
| Jason & Kathy Market Physical Address (s | Meyer treet address | only): | | | | -kindergarten/Kinder st Semester Only | garten □ 2nd Semester Onl | ly □ Both Ser | nesters | | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | | |
| Distance from home Elementary 8 | e to nearest so HS 0 | hool (one wa | ay) | | by t To d | his contract: or from Bus Stop | times per day,times per day, | davs | | | |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if any | y (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other scho | ool-age students days | s: per week | | |
| □ Contract is for o | ne-way only | | | | | | unico per day, _ | uuyo | per week | | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | is contract. | De: | adlines: RENTS: Due to Sch | ool Clerk June 1 | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | ERKS: Send original | to County Supt by Jul | ly 1, retain a cop | y for your | | |
| Regular Trans | | | | | | | | | | | |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS: Send origina | al to OPI by July | 10, retain a | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | | |
| Correspondence | | | | | | (For dist | nict, county and OF1 | use only) | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deterr | mined by | | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | Š | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Agreement betweer | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | | |
| (county name) | | | | County, hereina | after referred | to as the District(s). | | | | | |
| | ansport or provide t | | | | | | session. The parent or guard | dian assures that a lice | ensed and | | |
| In March and June. | , the District shall p | | | | | nce reported on the contractification by the teacher or p | ct actually occurs. rincipal of the school of the nu | imber of days the stud | lent(s) was | | |
| | be computed on th | | | | | the information accompany | | | | | |
| Elementary School | | | ard of Truste | | yer emolied in So | chool, whichever occurs firs | ι. | Date | | | |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | | | |
| | | | | | | | | | | | |
| | | | I attes | t that the above | e information | is true and correct. | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Kila Elem | ala far Daimhuraina tha Ca | untraat | Flathead | | 0323 | | |
|--|--|--|--|--|--|--|--|
| High School or K-12 District Responsi | ole for Reimbursing the Co | ontract | County | | Legal Entity | | |
| Is this contract shared between e | ementary and high sch | ool? | | | | | |
| Are you applying for isolation stat (If yes, please attach explanation) | | | Student Name | School | Grade | | |
| ISOLATION: Section 20-10-142, MC/ rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | A, provides for increased reation of residence. In orde ces must be reviewed and sportation committee, and | r to receive approved by the | Student Name | School | Grade | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been | approved by the | Student Name | School | Grade | | |
| Elem District Approval □ yes | Initials □ no □ no □ no | | Student Name School Grade | | | | |
| County Approval | □ no | | THIS CONTRACT IS FO Grades 1-12 | <u>)R:</u> | | | |
| Parent or Guardian Name: (Pleas | e Print) | | ☐ 1st Semester Only | ☐ 2nd Semester Only | y | | |
| Jennifer Benjamin Physical Address (street address | only): | | Pre-kindergarten/Kinder ☐ 1st Semester Only | | y Both Semesters | | |
| Distance from home to nearest so Elementary 4 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | us stop, if any (one way | | by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist | times per day,times per day,times per day, s without other schotimes per day, times per day, cool Clerk June 1. I to County Supt by July IDENTS: Send original EIMBURSEMENT RA rict, county and OPI ursement rate is detern | days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) | | |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | | | |
| insured driver will transport the stude In March and June, the District shall present transported for the past semester. The payment shall be computed on the | transportation for the student(s nts. Mileage contracts are vali- pay the parent the sum officially the basis of the schedule estable | County, hereinaf) to and from the school d only when transportation of approved in the application ished in Section 20-10-1 | , and school district (dist ter referred to as the District(s). or bus stop on the days when school is ir on for the distance reported on the contra ation upon certification by the teacher or p | session. The parent or guard ct actually occurs. rincipal of the school of the nui | | | |
| Elementary School District | Chair, Board of Trus | | | | Date | | |
| Kila Elem High School District | Chair, Board of Trus | tees | | | Date | | |
| | l atte | est that the above i | information is true and correct. | | <u> </u> | | |
| Signature - Parent or Guardian | ı alle | יסי ווומו וווב מממאפ ו | inomation is true and correct. | Date | | | |
| . g | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Du | ie to School | Clerk June 1 | | | | |
|--|---|----------------------------------|----------------------------------|-------------------------|--|--|--|---|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | C | ounty | <u> </u> | Legal Entity | | |
| Kila Elem | | | | | | athead | | 0323 | | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | county | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | • | | |
| Are you applying for | | | □ No | | Studer | it Name | School | Grade | | |
| (If yes, please attack ISOLATION: Section 3 | n explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | | | | | | |
| rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.7) | lual circumstand the county trans | ces must be re sportation com | viewed and ap mittee, and the | proved by the | Studer | t Name | School | Grade | | |
| Check here only if incre | · | J | , | proved by the | Student Name School Gra | | | | | |
| District Trustees and the | - | In | nmittee. itials | | Student Name School Grad | | | | | |
| Elem District Approval HS District Approval | □ yes □ | □ no □ no | | | | | | | | |
| County Approval | | no | | | Grades | CONTRACT IS FO 3 1-12 | <u>)K:</u> | | | |
| Parent or Guardian | | e Plilit) | | | □ 1st | Semester Only | ☐ 2nd Semester Only | y □ Both Semesters | | |
| Jessica Contant Physical Address (s | | only): | | | | dergarten/Kinder | | - P. II. O | | |
| 1 Hysical Address (s | ireet address | Offig). | | | ☐ 1st | Semester Only | 2nd Semester Only | y Both Semesters | | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 to nearest bu HS 0 ne-way only | ıs stop, if an | y (one way) | s contract. 9-12 Total | Kinder by this To or fr To or fr Kinder To or fr To or fr To or fr Count CLERI files. COUN | garten child rides contract: rom Bus Stop rom School garten child rides rom Bus Stop rom School lines: NTS: Due to School TY SUPERINTEN or your files. RE | times per day,times per day,times per day,times per day,times per day,times per day,tool Clerk June 1. | days per week days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | nined by | | |
| (county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Chair, Board of Trustees | | | | | | | | | |
| Signature - Parent or | Guardian | | . 41103 | are discove | | | Date | | | |
| | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | a, MT 59620 | -2501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|---|---|--|--|--|--|---|---|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Dis | trict Responsib | ole for Reimbu | rsing the Conti | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | d between el | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | explanation) 0-10-142, MCA | A, provides for | increased reim | nbursement | Otac | ient ivanie | GCHOOL | Grade |
| rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7 | stances of isola ual circumstanc ne county trans | tion of resider ses must be re sportation com | nce. In order to viewed and ap mittee, and the | proved by the | Stud | lent Name | School | Grade |
| Check here only if incre District Trustees and the | ased payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes □ | | itials | | Stud | lent Name | School | Grade |
| County Approval | □ yes □ | no | | | | S CONTRACT IS FO des 1-12 | OR: | |
| Parent or Guardian N | lame: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Joe & Dawn Gro Physical Address (str | | only): | | | | kindergarten/Kinder st Semester Only | | y □ Both Semesters |
| Distance from home Elementary 4.7 Distance from home Elementary 0 Contract is for on Students in Each Grade Leventh Elementary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | to nearest sc HS 0 to nearest bu HS 0 e-way only | hool (one wa | y (one way) | s contract. 9-12 Total | KIN Kind by t To c Kind To c PAR CLE files | DERGARTEN/PREP Dergarten child ride his contract: or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho REKS: Send original or for your files. RECOMMENDER RECOMM | times per day, | days per week days per week ol-age students: days per week ol-age students: days per week days per week days per week days per week |
| insured driver will tra 2. In March and June, transported for the p 3. The payment shall b | s: isport or provide t insport the studer the District shall p ast semester. e computed on the erminate at the en | ransportation for this. Mileage corray the parent the basis of the sod of the school Chair, Boa | r the student(s) to tracts are valid o e sum officially ap | county, hereinaft o and from the school only when transportation oproved in the applicated in Section 20-10-1 student(s) is no longe | ter referred or bus stop on on for the dista ation upon certi 42, MCA, and | to as the District(s). the days when school is in | et actually occurs. rincipal of the school of the null ing this contract. | iian assures that a licensed and mber of days the student(s) was Date Date |
| | | J.Idii, 500 | | | | | | |
| Olamata D | Second : | | l attest | that the above i | information | is true and correct. | Data | |
| Signature - Parent or 0 | J uardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 | -2501 | Due | e to School Clerk June 1 | | |
|--|---|----------------------------|--|-----------------------------------|---|
| Elementary District Responsible for Re | eimbursing the Contract | | County | <u> </u> | Legal Entity |
| Kila Elem | | | Flathead | | 0323 |
| High School or K-12 District Responsib | ole for Reimbursing the Co | ntract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high scho | ool? | <u> </u> | | |
| Are you applying for isolation state | | | Student Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A. provides for increased re | imbursement | Oldden Name | Ochool | Grade |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In order tes must be reviewed and a sportation committee, and t | to receive approved by the | Student Name | School | Grade |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been a | approved by the | Student Name | School | Grade |
| Elem District Approval | Initials no | | Student Name | School | Grade |
| County Approval | □ no | | THIS CONTRACT IS Grades 1-12 | S FOR: | |
| Parent or Guardian Name: (Please | e Print) | | □ 1st Semester Onl | y | ly Both Semesters |
| John Yogerst Physical Address (street address | only): | | Pre-kindergarten/Kir ☐ 1st Semester Onl | ndergarten y □ 2nd Semester On | ly □ Both Semesters |
| | | | KINDERGARTEN/P | REKINDERGARTEN: | |
| Distance from home to nearest so Elementary 5 HS 0 | hool (one way) | | Kindergarten child by this contract: To or from Bus Stop | rides with other school- | age students also covered days per week days per week |
| Distance from home to nearest but Elementary 0 HS 0 | s stop, if any (one way) |) | Kindergarten child | rides without other scho | days per week pol-age students: days per week ays per week |
| ☐ Contract is for one-way only | | | TO OF ITOM SCHOOL | times per day, _ | days per week |
| Students in Each Grade Level - Only include | the students to be covered by t | his contract. | Deadlines: | School Clerk June 1. | |
| Pre-K Total | K 1-8 Total Total | 9-12 Total | | | ly 1, retain a copy for your |
| Regular Trans | | | | | |
| Spec. Ed. Trans | | | county supering copy for your files. | TENDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | ., | REIMBURSEMENT R | ATF |
| Correspondence | | | (For | district, county and OPI | use only) |
| | | | | | |
| Reg. Contingency | | | Re | imbursement rate is deteri | mined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | 1 | | | | |
| Agreement between parent (parer | nt name) | | , and school district (| district name) | |
| (county name) | , | | | | · · · · · · · · · · · · · · · · · · · |
| The parties agree as follows: The parties agree as follows: The parent shall transport or provide to | ranapartation for the student/a) | - | er referred to as the Distric | | dian accuracy that a licensed and |
| insured driver will transport the studer In March and June, the District shall p | nts. Mileage contracts are valid | I only when transportatio | n for the distance reported on the c | ontract actually occurs. | |
| transported for the past semester. The payment shall be computed on the | | | , | | |
| This contract shall terminate at the en Elementary School District | | e student(s) is no longer | | | Date |
| Kila Elem | , | | | | |
| High School District | Chair, Board of Trust | ees | | | Date |
| | I atte | st that the above in | nformation is true and corre | ect. | <u>'</u> |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | ie to School Cl | erk June 1 | |
|---|--------------------------------------|-------------------|---------------------|------------------------|--------------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | Cou | inty | Legal Entity |
| Kila Elem | | | | | Fla | athead | 0323 |
| High School or K-12 D | istrict Responsit | le for Reimbu | rsing the Cont | tract | Cou | | Legal Entity |
| | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | |
| Are you applying for | | | □ No | | Student I | Name School | Grade |
| (If yes, please attac ISOLATION: Section | h explanation) 20-10-142, MCA | A, provides for | increased rein | mbursement | Otadoni i | tanio concer | Sidds |
| rates for special circun increased rates, individ | nstances of isola | tion of resider | nce. In order t | o receive | Student I | Name School | Grade |
| trustees of the district, Public Instruction. (10. | the county trans | portation com | mittee, and th | | | | |
| Check here only if incr | · | J | ŕ | poroved by the | Student I | Name School | Grade |
| District Trustees and the | | portation Con | | proved by the | | | |
| Elem District Approval | | no | | | Student I | Name School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | NTRACT IS FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1 □ 1st Se | -12 emester Only □ 2nd Semeste | r Only Both Semesters |
| Joletha Mills | | | | | Pre-kinde | ergarten/Kindergarten | |
| Physical Address (s | treet address | only): | | | | mester Only 2nd Semeste | r Only Both Semesters |
| | | | | | | GARTEN/PREKINDERGARTEN | |
| Distance from home | e to nearest so | hool (one wa | ay) | | Kinderga by this c | | ool-age students also covered |
| Elementary 7.1 | HS 0 | | | | To or from | n Bus Stop times per c | lay, days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderga | m School times per carten child rides without other arm Bus Stop times per care school | school-age students: |
| □ Contract is for o | ne-way only | | | | To or froi | m School times per c | lay, days per week |
| Students in Each Grade Lo | evel - Only include | the students to I | be covered by thi | is contract. | Deadli | 1es: | |
| | Pre-K | K | 1-8 | 9-12 | PARENI | S: Due to School Clerk June 1. | |
| | Total | Total | Total | Total | CLERKS files. | : Send original to County Supt b | y July 1, retain a copy for your |
| Regular Trans | | | | | | COUREDINTENDENTO Condition | dala al 4a ODI ku allaha 40 matala a |
| Spec. Ed. Trans | | | | | | your files. | riginal to OPI by July 10, retain a |
| Room & Board | | | | | | REIMBURSEMEN | T RATE |
| Correspondence | | | | | | (For district, county and | OPI use only) |
| _ | | | | | | | |
| Reg. Contingency | | | | | | Reimbursement rate is d | |
| Spec. Ed. Contin. | | | | | | 20-10-142, MO | Σ Α. |
| | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and sch | ool district (district name) | |
| (county name) | | / | | | ter referred to a | | |
| (county name) The parties agree as follow | | ransportation for | | - | | ys when school is in session. The parent of | r quardian assures that a licensed and |
| insured driver will t | ransport the studer | nts. Mileage cor | ntracts are valid o | only when transportati | on for the distance re | ported on the contract actually occurs. The parent of the parent of the school of the | |
| transported for the 3. The payment shall | past semester. be computed on the | e basis of the so | chedule establish | ned in Section 20-10- | 142, MCA, and the info | ormation accompanying this contract. | |
| | terminate at the er | d of the school | | student(s) is no longe | er enrolled in school, v | | Date |
| Kila Elem | | , | | | | | |
| High School District | | Chair, Boa | ard of Truste | ८ ऽ | | | Date |
| | | | I attes | t that the above | information is tru | ue and correct. | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | |
|---|---------------------------------|-------------------|-------------------------------|------------------|-------------------------------|---|---|------------------------|-------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | _ | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share | od botwoon ol | omontary an | d high scho | al2 | | | | | | |
| ges no | ed between en | errieritary ari | ia riigii scriot | JI: | | | | | | |
| Are you applying for | | | □ No | | Stuc | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) 20-10-142 MCA | nrovides for | increased rein | nbursement | 1 | aciii i vaiii c | Concor | | Orado | |
| rates for special circum | nstances of isola | tion of resider | nce. In order to | o receive | Stuc | dent Name | School | | Grade | |
| increased rates, individe trustees of the district, | the county trans | portation com | mittee, and the | | | John Harrio | 3011001 | | Olddo | |
| Public Instruction. (10. | 7.116 ARM prov | ides guideline | s for such.) | | Stuc | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap | proved by the | Glade Glade | | | | | |
| | | Ini | tials | | Stud | dent Name | School | | Grade | |
| Elem District Approval HS District Approval | □ yes □ | no no | | | | | | | | |
| County Approval | | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | | | |
| Parent or Guardian | Name: (Please | e Print) | | | | st Semester Only | 2nd Semester On | ly □ Both Se | mesters | |
| Joyce San Rom | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly □ Both Se | mesters | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home | to nearest sc | hool (one wa | av) | | | | es with other school- | age students a | Iso covered | |
| Elementary 9 | HS 0 | noor (one we | 4 y / | | To c | his contract: or from Bus Stop | times per day, _ | day | s per week | |
| Distance from home | to nearest hu | s ston if an | v (one way) | | To c | or from School | times per day, | days | s per week | |
| Elementary 0 | HS 0 | o otop, ii dii | y (one way) | | To c | or from Bus Stop | es <u>without</u> other scho | day: | ts: s per week | |
| ☐ Contract is for o | ne-way only | | | | To c | or from School | times per day, | day | s per week | |
| Students in Each Grade Le | , , | the students to b | be covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAR | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE | ERKS: Send original | to County Supt by Jul | ly 1, retain a cop | py for your | |
| Regular Trans | | | | | files | | | | | |
| • | | | | | col | JNTY SUPERINTEN | IDENTS: Send origina | al to OPI by July | / 10, retain a | |
| Spec. Ed. Trans | | | | | copy | y for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT R | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | l use only) | | |
| | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deteri | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | ·, | |
| (county name) | | | | County, hereina | ifter referred | to as the District(s). | | | | |
| | ansport or provide t | | | | | | session. The parent or guard | dian assures that a li | censed and | |
| In March and June, | , the District shall p | | | | | nce reported on the contract fication by the teacher or po | ct actually occurs. rincipal of the school of the nu | umber of days the stu | ident(s) was | |
| | be computed on th | | | | | the information accompany | | | | |
| Elementary School | | | ear or when the ard of Truste | | jer enrolled in so | chool, whichever occurs firs | il. | Date | | |
| Kila Elem [*] | | , | | | | | | | | |
| High School District | | Chair, Boa | ard of Truste | ୯୪ | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |
| | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | Helena, MT 59620-2501 Due to School Clerk June 1 | | | | | | | |
|--|---|---|--|----------------------------|-----------------|---|---|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | | County | I | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high school | ol? | | | | |
| Are you applying for | isolation state | us? □ Yes | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attack ISOLATION: Section 2 | n explanation) 20-10-142. MCA | A. provides for | increased rein | nbursement | | icht ivanic | GCHOOL | Grade |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7) | estances of isola lual circumstand the county trans | tion of resider es must be re portation com | nce. In order to eviewed and ap imittee, and the | o receive proved by the | Stud | lent Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | itials | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Only | y □ Both Semesters |
| Judy Andrews Physical Address (s | treet address | only): | | | | kindergarten/Kinder st Semester Only | | y □ Both Semesters |
| | | | | | | DERGARTEN/PRE | | |
| Distance from home Elementary 3.5 | to nearest so | hool (one wa | ay) | | Kind by t | dergarten child ride his contract: or from Bus Stop | es <u>with</u> other school-a times per day, | days per week days per week days per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kind | dergarten child ride | es without other school | ol-age students: days per week days per week |
| ☐ Contract is for or | ne-way only | | | | 100 | or from School | times per day, _ | days per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by this | s contract. | Dea | adlines: | aal Clark kuna 4 | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | | | y 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | JNTY SUPERINTEN for your files. | IDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | ··· - |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimbi | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | T Carrie | 20-10-142, MCA. | inica by |
| Spool Ed. Sontin. | | | | | | | | |
| | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and | d school district (distr | rict name) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (county name) | | | (| County, hereinat | fter referred | to as the District(s). | | |
| | nsport or provide t | | | | | | | ian assures that a licensed and |
| | the District shall p | | | | | nce reported on the contraction by the teacher or p | | mber of days the student(s) was |
| The payment shall | be computed on th | | | | | the information accompany | | |
| Elementary School I | | | ard of Truste | | 2. 3onou iii 30 | | | Date |
| Kila Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | <u> </u> | l attest | that the above | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | i alicol | at the above | ormation | io trao ana correct. | Date | |
| - | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Heler | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | | |
|--|--|---|--|-----------------------------|---------------------------|---|--|-------------------------|----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stu | dent Name | School | | Grade | |
| (If yes, please attac | h explanation) 20-10-142. MCA | . provides for | increased rein | nbursement | 7 | ient rame | CCHOOL | | Orauc | |
| rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola dual circumstance the county trans | tion of resider es must be re portation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Student Name School Grade | | | | | |
| Check here only if incredibition of the check here only incredibition of the check here only incredibition of the check here only incredibition of the check here of the check h | eased payment | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | | Grade | |
| Elem District Approval | | | tials | | Stud | lent Name | School | | Grade | |
| HS District Approval | □ yes □ | no | | | TUI | S CONTRACT IS FO | 1 D. | | | |
| County Approval Parent or Guardian | | no e Print) | | | Gra | des 1-12 | | | | |
| | (| , | | | □ 1 | st Semester Only | 2nd Semester Onl | ly □ Both Ser | nesters | |
| Julie S. Kelly Physical Address (s | treet address | only): | | | | kindergarten/Kindergst Semester Only | garten □ 2nd Semester Onl | ly □ Both Ser | mesters | |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN. | | | |
| Distance from home Elementary 3.5 | e to nearest sc HS 0 | hool (one wa | ay) | | Kind by t | dergarten child ride his contract: or from Bus Stop | times per day,times per day, | davs | | |
| Distance from home Elementary 0 | to nearest bu HS 0 | ıs stop, if anı | y (one way) | | Kin d To d | dergarten child ride or from Bus Stop | es <u>without</u> other scho times per day, _ times per day, _ | ool-age student days | s: per week | |
| ☐ Contract is for o | ne-way only | | | | | | times per day, _ | uays | pei week | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | s contract. | De: | adlines: RENTS: Due to Sch | ool Clerk June 1 | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | RKS: Send original | I to County Supt by Jul | ly 1, retain a cop | y for your | |
| Regular Trans | | | | | | | | | | |
| Spec. Ed. Trans | | | | | | of your files. | IDENTS: Send origina | al to OPI by July | 10, retain a | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | ruse only) | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deterr | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | • | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) The parties agree as follow | MC. | | | County, hereina | after referred | to as the District(s). | | | | |
| The parent shall tra | ansport or provide t | | | | | the days when school is in | session. The parent or guard | dian assures that a lic | ensed and | |
| | , the District shall p | | | | | | rincipal of the school of the nu | umber of days the stud | dent(s) was | |
| The payment shall | be computed on th | | | | | the information accompany shool, whichever occurs firs | | | | |
| Elementary School | | | ard of Truste | | | | | Date | | |
| Kila Elem High School District | : | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | Lattes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | . 4.130 | | | | Date | | | |
| | | | | | | | ı | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Heler | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | |
|---|---------------------|-------------------|-------------------------|-----------------------|-------------------------------|---|--|-----------------------|----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share | od botwoon ol | omontary ar | d high scho | al2 | | | | | | |
| ges no | eu between ei | ementary ar | iu riigii scriot | JI ! | | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade | |
| (If yes, please attac | | | increased rein | nbursement | 1 | ioni rame | Conoci | | Grade | |
| rates for special circum | nstances of isola | ition of resider | nce. In order to | o receive | Stuc | lent Name | School | | Grade | |
| increased rates, individe trustees of the district, | the county trans | sportation com | mittee, and the | | | ioni ramo | 2011001 | | Grado | |
| Public Instruction. (10. | 7.116 ARM prov | rides guideline | s for such.) | | Stud | lent Name | School | | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap mittee | proved by the | Claud Claud | | | | | |
| | | In | tials | | Stud | lent Name | School | | Grade | |
| Elem District Approval HS District Approval | □ yes □ | □ no □ no | | | | | . | | | |
| County Approval Parent or Guardian | | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>)K:</u> | | | |
| Parent of Guardian | ivallie. (Fleas | e Fillit) | | | □ 1 | st Semester Only | 2nd Semester Onl | ly 🗆 Both Se | mesters | |
| Julie Smith | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Onl | ly Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home | to nearest sc | hool (one wa | av) | | | dergarten child ride his contract: | s with other school- | age students a | Iso covered | |
| Elementary 6 | HS 0 | • | , | | To c | or from Bus Stop | times per day, _ | days | s per week | |
| Distance from home | to nearest bu | ıs stop, if an | y (one way) | | To o | r from School dergarten child ride | times per day, _es <u>without</u> other scho | ool-age studen | s per week | |
| Elementary 0 | HS 0 | | | | To c | or from Bus Stop | times per day, _ | days | s per week | |
| □ Contract is for o | ne-way only | | | | Тос | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | | | to County Supt by Jul | ly 1, retain a cop | ρy for your | |
| Regular Trans | | | | | files | • | | | | |
| Spec. Ed. Trans | | | | | | | IDENTS: Send origina | al to OPI by July | y 10, retain a | |
| Spec. Eu. Hans | | | | | copy | for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT R | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | | | | | |
| Contingency | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | mined by | | |
| Spec. Ed. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| | | / | | Oaat banaina | | , | / | | | |
| (county name) The parties agree as follow | | | | • | | to as the District(s). | | | | |
| insured driver will t | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | rincipal of the school of the nu | ımber of days the stu | dent(s) was | |
| This contract shall | terminate at the en | d of the school | ear or when the | student(s) is no long | | the information accompany thool, whichever occurs firs | | 1 | | |
| Elementary School Kila Elem | District | Chair, Boa | ard of Truste | es | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| | | | I attes | t that the above | information | is true and correct. | 2 . | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Du | ue to Scho | ol Clerk June 1 | | | | |
|--|--|---|--|--|---|---|---|--|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | - | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 Di | istrict Responsib | ole for Reimbu | rsing the Con | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for (If yes, please attacl | | | □ No | | Stud | lent Name | School | | Grade | |
| ISOLATION: Section a rates for special circum increased rates, individ trustees of the district, | 20-10-142, MCA stances of isola lual circumstance | A, provides for ation of resident ces must be re- | ice. In order t | o receive oproved by the | Stud | lent Name | School | | Grade | |
| Public Instruction. (10.7) | | | | | Stud | lent Name | School | | Grade | |
| Check here only if incre District Trustees and th | | | | proved by the | Oluc | ioni riamo | Concor | | Siddo | |
| Elem District Approval | | | tials | | Student Name School Grade | | | | | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Kelly Pike | | | | | Pre- | kindergarten/Kinderg | rarten | , | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly 🗆 Both Se | mesters | |
| Distance from home Elementary 9.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Lease Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest but HS 0 ne-way only evel - Only include Pre-K Total | the students to b | r (one way) e covered by th 1-8 Total | 9-12 Total | KIN Kink by the Took Kink Took Took Took Took Took Took Took To | DERGARTEN/PREMEMBERGARTEN/PREMEMBERGARTEN/PREMEMBERGARTEN/PREMEMBERGARTEN/PREMEMBERGARTEN BUT AND | times per day, times | age students a day day cool-age studen day day day day day day day ly 1, retain a co al to OPI by July ATE I use only) | s per week s per week ts: s per week s per week per week | |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall 4. This contract shall Elementary School I Kila Elem | vs: nnsport or provide t ransport the studer the District shall p past semester. be computed on th terminate at the en | transportation for nts. Mileage con pay the parent the ne basis of the so d of the school y Chair, Boa | the student(s) t tracts are valid of e sum officially a shedule establish ear or when the ard of Truste | County, hereinal o and from the school only when transportati pproved in the applica end in Section 20-10-7 student(s) is no longer es | fter referred I or bus stop on ion for the dista ation upon certi 142, MCA, and | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nu | umber of days the stu | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | - | - | | - | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 |)-2501 | | Dι | ie to School Clerk | June 1 | |
|---|--------------------------------------|---------------------|---------------------|------------------------|------------------------------|---|-----------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Kila Elem | | | | | Flath | ead | 0323 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | ract | County | | Legal Entity |
| | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | nd high school | ol? | <u>'</u> | | <u> </u> |
| Are you applying for | r isolation stati | us? 🗆 Yes | □ No | | Student Nar | ne School | Grade |
| (If yes, please attac | h explanation) |) A provides for | increased rein | nbursement | Student Nai | ne 301001 | Orace |
| rates for special circum increased rates, individ | nstances of isola | ation of resider | nce. In order to | o receive | Student Nar | ne School | Grade |
| trustees of the district, | the county trans | sportation com | mittee, and the | | | | |
| Public Instruction. (10. | · | , , | ŕ | | Student Nar | ne School | Grade |
| Check here only if incre District Trustees and the | | sportation Con | nmittee. | proved by the | | | |
| Elem District Approval | □ yes | In □ no | itials | | Student Nar | ne School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONT | RACT IS FOR: | |
| Parent or Guardian | | | | | Grades 1-12 | 2 | Nu Doth Competers |
| Laura H. Rhode | .0 | | | | ☐ 1st Seme | ester Only | ly ☐ Both Semesters |
| Physical Address (s | | only): | | | | arten/Kindergarten ester Only □ 2nd Semester Or | nly □ Roth Semesters |
| , | | | | | | • | ny Bour demosiers |
| | | | | | | RTEN/PREKINDERGARTEN: en child rides <u>with</u> other school | -age students also covered |
| Distance from home Elementary 16.5 | e to nearest so HS 0 | chool (one wa | ay) | | by this con | tract: | _ |
| · | | | , | | To or from S | Bus Stop times per day, School times per day, | days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | is stop, if an | y (one way) | | Kindergarte | en child rides without other sch | ool-age students: |
| □ Contract is for o | no way anly | | | | To or from S | Sus Stop times per day, chool times per day, | days per week |
| Students in Each Grade Le | , , | the students to I | he covered by thi | s contract | Deadline | s: | |
| | | | | | PARENTS: | Due to School Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: S | Send original to County Supt by Ju | uly 1, retain a copy for your |
| Regular Trans | | | | | files. | | |
| · · | | | | | | UPERINTENDENTS: Send origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for you | r files. | |
| Room & Board | | | | | | REIMBURSEMENT F | · · · - |
| Correspondence | | | | | | (For district, county and OP | use only) |
| Reg. | | | | | | 5 · · · · · · · · · · · · · · · · · · · | |
| Contingency | | | | | | Reimbursement rate is determined and 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | L | | |
| | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and school | district (district name) | , |
| (county name) | | | (| County hereinat | fter referred to as th | e District(s) | |
| The parties agree as follow | | transportation fo | | - | | when school is in session. The parent or qua | rdian assures that a licensed and |
| insured driver will t | ransport the studer | nts. Mileage cor | ntracts are valid o | nly when transportat | ion for the distance reporte | ed on the contract actually occurs. the teacher or principal of the school of the n | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the so | chedule establish | ed in Section 20-10- | 142, MCA, and the informa | ation accompanying this contract. | |
| | terminate at the er | nd of the school | | student(s) is no longe | er enrolled in school, which | | Date |
| Kila Elem | | , | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | Date |
| | | | I attest | that the above | information is true a | and correct. | • |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Dι | ue to Schoo | ol Clerk June 1 | | |
|---|---|--|---|--|--|--|---|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for | | | □ No | | Stud | ent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | | | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | ual circumstand the county trans | ces must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | ent Name | School | Grade |
| Check here only if incre | · | , , | , | proved by the | Stud | ent Name | School | Grade |
| District Trustees and th | | sportation Con | | , , | Ctud | ant Nama | Cobool | Crada |
| Elem District Approval HS District Approval | | □ no □ no | | | Stud | ent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO les 1-12 | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Lisa Kaplanian | | | | | Pre-l | kindergarten/Kinder | garten | |
| Physical Address (s | reet address | only): | | | | | | y Both Semesters |
| Distance from home Elementary 7.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | us stop, if an | y (one way) | s contract. 9-12 Total | KINI Kind by th To o Kind To o To o Dea PAR CLE files. | DERGARTEN/PREP lergarten child ride nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School mdlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN for your files. RE | times per day, | days per week days per week days per week ol-age students: days per week y 1, retain a copy for your li to OPI by July 10, retain a |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall | rs: nsport or provide to ansport the studer the District shall poast semester. be computed on the erminate at the erminate at the erminate. | transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school | r the student(s) to tracts are valid of e sum officially a chedule establish | County, hereinal of and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no longer | fter referred I or bus stop on ion for the distar ation upon certif | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nur ing this contract. | ian assures that a licensed and mber of days the student(s) was |
| Kila Elem | | , | | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | <u> </u> | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | , MT 59620 | -2501 | | Di | ie to Scho | ol Clerk June 1 | | |
|--|--|---|--|----------------------------|-------------------|---|--|---|
| Elementary District Resp | onsible for Re | imbursing the | Contract | | | County | I | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Dist | rict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shared ☐ yes ☐ no | l between ele | ementary ar | nd high schoo | ol? | | | | <u> </u> |
| Are you applying for is | solation statu | us? □ Yes | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attach e ISOLATION: Section 20 | explanation) -10-142. MCA | . provides for | increased rein | nbursement | | Jeni Ivanie | GCHOOL | Clade |
| rates for special circumst increased rates, individua trustees of the district, the Public Instruction. (10.7.1 | ances of isola al circumstanc e county trans | tion of resider es must be re portation com | nce. In order to eviewed and ap imittee, and the | o receive proved by the | Stud | dent Name | School | Grade |
| Check here only if increa District Trustees and the | sed payment o | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | □ yes □ | | itials | | Stud | dent Name | School | Grade |
| County Approval | □ yes □ | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | |
| Parent or Guardian Na | ame: (Please | e Print) | | | | st Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| Mariane Beland Physical Address (stre | eet address | only): | | | | kindergarten/Kinder st Semester Only | | y □ Both Semesters |
| Distance from home to | o nearest sci | hool (one w | av) | | Kin | DERGARTEN/PREM dergarten child ride his contract: | | ge students also covered |
| Elementary 4.3 | HS 0 | • | , | | To c | or from Bus Stop | times per day, _ | days per week |
| Distance from home to Elementary 0 | o nearest bu HS 0 | s stop, if an | y (one way) | | Kind | dergarten child ride | es without other school | days per week ol-age students: days per week days per week days per week |
| □ Contract is for one | -way only | | | | 100 | or from School | times per day, _ | days per week |
| Students in Each Grade Leve | el - Only include t | the students to I | be covered by this | s contract. | Dea | adlines: RENTS: Due to Sch | aal Clark lung 1 | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | ERKS: Send origina | | / 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | JNTY SUPERINTEN y for your files. | IDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | ATF |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | |
| | | | | | | | | |
| Agreement between p | arent (parer | nt name) | | | , and | d school district (dist | rict name) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (county name) | | | (| County, hereinat | fter referred | to as the District(s). | | |
| The parties agree as follows: | | ransportation fo | | - | | | | ian assures that a licensed and |
| | | | | | | nce reported on the contra- fication by the teacher or p | | nber of days the student(s) was |
| transported for the pa 3. The payment shall be | st semester. computed on th | e basis of the so | chedule establish | ed in Section 20-10- | 142, MCA, and | the information accompany | ring this contract. | ., |
| 4. This contract shall ter Elementary School Di | | | year or when the ard of Trustee | | er enrolled in so | chool, whichever occurs firs | t. | Date |
| Kila Elem | | , | | | | | | |
| High School District | | Chair, Boa | ard of Truste | | | | | Date |
| | | | I attest | that the above | information | is true and correct. | | |
| Signature - Parent or G | uardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | | |
|--|---|---|--|--|---|--|--|--|---|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stuc | dent Name | School | | Grade | |
| (If yes, please attac | h explanation) 20-10-142. MCA | . provides for | increased rein | nbursement | 1 | ient ivaine | GCHOOL | | Grade | |
| rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.) | nstances of isola dual circumstance the county trans | tion of resider es must be re portation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Student Name School Grade | | | | | |
| Check here only if incredibition of the check here only incredibition of the check here only incredibition of the check here only incredibition of the check here of the check h | eased payment | due to isolatio | n has been ap | proved by the | Stud | Student Name School Grade | | | | |
| Elem District Approval | | | tials | | Stuc | lent Name | School | | Grade | |
| HS District Approval | □ yes □ | no | | | | S CONTRACT IS FO | ND. | | | |
| County Approval Parent or Guardian | | no e Print) | | | Grad | des 1-12 | | | | |
| | • | 0 1 mm, | | | □ 1 | st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters | |
| Michelle M. Rer Physical Address (s | | only): | | | | kindergarten/Kinderg st Semester Only | garten □ 2nd Semester Onl | y □ Both Se | mesters | |
| Distance from home Elementary 5.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | y (one way) | s contract. 9-12 Total | Eind by the Took Kind Took Took Took Took Took Took Took Too | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS: | times per day,times per day,times per day,times per day,times per day,times per day,times per day, | days days ol-age studen days y 1, retain a col al to OPI by July ATE use only) | s per week s per week ss per week s per week s per week op for your | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en | ransportation for this. Mileage con ay the parent the basis of the sod of the school Chair, Boa | the student(s) to stracts are valid of e sum officially a chedule establish | o and from the school only when transportal pproved in the applicated in Section 20-10 student(s) is no longes | of the referred of or bus stop on tion for the distancation upon certinate. | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nu ing this contract. | | | |
| r light derioof bistrict | | Oriali, Bue | and or riuste | | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Du | ue to Scho | ol Clerk June 1 | | | | |
|--|---|----------------------------------|----------------------------------|-----------------------|--|---|---|-----------------------|----------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | , | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | A, provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | ces must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade | |
| Public Instruction. (10. | • | J | ŕ | | Stuc | lent Name | School | | Grade | |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | | |
| Elem District Approval | | □ no | tials | | Student Name School Grade | | | | | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Nancy Mullen | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 24 | to nearest sc HS 0 | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | | |
| Distance from home Elementary 15 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | s: | |
| · | | | | | To c | r from School | times per day, _ times per day, _ | days | per week per week | |
| ☐ Contract is for or Students in Each Grade Le | • • | the students to b | be covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAR | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | y for your | |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS: Send origina | al to OPI by July | 10, retain a | |
| Spec. Ed. Trans | | | | | | for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | | |
| Reg. | | | | | | Paimhi Paimhi | ırsement rate is deterr | nined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Kembe | 20-10-142, MCA. | Timed by | | |
| 5,000. Ed. Ooman. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | I school district (distr | ict name) | | , | |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | | |
| The parent shall tra insured driver will to | ansport or provide t ransport the studer | nts. Mileage cor | tracts are valid o | only when transportat | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | mber of days the stud | dent(s) was | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-4. This contract shall terminate at the end of the school year or when the student(s) is no long Elementary School District Chair Board of Trustage. | | | | | ger enrolled in so | the information accompany shool, whichever occurs firs | ing this contract. i. | Data | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | | Date | | |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | • | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|--|--|--|---|---|---|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | | Legal Entity | |
| Kila Elem | | | | | | Flathead | | 0323 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive proved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | Initia no no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters | |
| Pam Schuck | | | | | | -kindergarten/Kinder | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | ly Both Semesters | |
| Pam Schuck Physical Address (street address only): Distance from home to nearest school (one way) Elementary 5.2 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | | | | | Kin by to Too Kin Too Co | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original i. UNTY SUPERINTEN y for your files. REA (For dist | times per day, tool Clerk June 1. | days per week da | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District | ransportation for the state. Mileage contral the parent the sale basis of the sche | ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truster | o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer | or bus stop or on for the dista ation upon cert 42, MCA, and | ince reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni | rdian assures that a licensed and umber of days the student(s) was Date Date | |
| | | | Lattest | that the above i | information | is true and correct. | | | _ |
| Signature - Parent or | Guardian | | . 41100 | | | | Date | | = |
| - | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | |
|--|---|---------------------------------|----------------------------------|-----------------------|--|--|--|----------------------|----------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | es must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade | |
| Public Instruction. (10. | • | J | ŕ | | Stuc | lent Name | School | | Grade | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Student Name School Grade | | | | | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Raechel Allen | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 5 | to nearest sc HS 0 | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ times per day, _ es <u>without</u> other scho | ol-age student | ts: | |
| • | | | | | To c | r from School | times per day, _ times per day, _ | days | s per week | |
| ☐ Contract is for or Students in Each Grade Le | | the students to b | be covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | by for your | |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS: Send origina | al to OPI by July | / 10, retain a | |
| Spec. Ed. Trans | | | | | | for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | | |
| Reg. | | | | | | Paimhi Paimhi | ursement rate is detern | mined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Keimbe | 20-10-142, MCA. | Tillied by | | |
| 5,000. Ed. 00mm. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | I school district (distr | ict name) | | ,, | |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | | |
| The parent shall tra insured driver will to | ansport or provide t ransport the studer | nts. Mileage con | tracts are valid o | only when transportat | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | mber of days the stu | dent(s) was | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-4. This contract shall terminate at the end of the school year or when the student(s) is no long Elementary School District Chair Roard of Trustees | | | | | er enrolled in so | the information accompany hool, whichever occurs firs | ing this contract. t. | Doto | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Helena, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | |
|---|--|---|--|---|--|---|--|--|--|
| Elementary District Responsible for Re | eimbursing the Cor | ntract | | County | • | Legal Entity | | | |
| Kila Elem | | | | Flathead | | 0323 | | | |
| High School or K-12 District Responsi | ble for Reimbursing | the Contract | | County | | Legal Entity | | | |
| | | | | | | | | | |
| Is this contract shared between e □ yes □ no | lementary and hi | igh school? | | L | | | | | |
| Are you applying for isolation stat | | □ No | Stu | dent Name | School | Grade | | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MC/ |) A, provides for incre | eased reimbursement | | Jone Hamo | 3011001 | 0.000 | | | |
| rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence ces must be review sportation committed | In order to receive yed and approved by the ee, and the Office of | Stud | dent Name | School | Grade | | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation ha | s been approved by the | Stud | Student Name School Gra | | | | | |
| | Initials | | Stud | Student Name School Grade | | | | | |
| HS District Approval ☐ yes | □ no | | TUI | THIS CONTRACT IS FOR: | | | | | |
| County Approval yes Parent or Guardian Name: (Pleas | no | | Gra | des 1-12 | <u> </u> | | | | |
| , | | | □ 1 | st Semester Only | 2nd Semester Onl | y Both Semesters | | | |
| Risa Carlson Physical Address (street address | only). | | | Pre-kindergarten/Kindergarten | | | | | |
| 1 Trysical Address (Street address | Offig). | | □ □ 1 | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| Distance from home to nearest so Elementary 4.8 HS 0 Distance from home to nearest but Elementary 0 HS 0 | , , , , , , | ne way) | Kin by t To c To c Kin To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, s without other scho times per day, | days per week days per week days per week col-age students: days per week days per week days per week | | | |
| ☐ Contract is for one-way only Students in Each Grade Level - Only include | the students to be co | wered by this contract | De | adlines: | | | | | |
| · · · · · · · · · · · · · · · · · · · | | · | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | | |
| Pre-K Total | K Total | 1-8 9-12 Fotal Total | CLE files | | to County Supt by Jul | y 1, retain a copy for your | | | |
| Regular Trans Spec. Ed. Trans | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July 10, retain a | | | |
| Room & Board | | | | RF | IMBURSEMENT R | ATF | | | |
| | | | | | rict, county and OPI | | | | |
| Correspondence | | | | | | | | | |
| Reg. Contingency | | | | Reimbi | ursement rate is deterr | mined by | | | |
| Spec. Ed. Contin. | | | | | 20-10-142, MCA. | | | | |
| | | | | | | | | | |
| Agroament hetween perent (pere | nt nama) | | on. | d ashaal district (dist | riot nama) | | | | |
| Agreement between parent (pare | nit name) | | | d school district (distr | ict name) | ······································ | | | |
| (county name) The parties agree as follows: | | | | I to as the District(s). | | | | | |
| The parent shall transport or provide insured driver will transport the stude | nts. Mileage contracts | s are valid only when transpor | rtation for the dista | nce reported on the contract | ct actually occurs. | | | | |
| In March and June, the District shall part transported for the past semester. | | | | | • | imber of days the student(s) was | | | |
| The payment shall be computed on the A. This contract shall terminate at the end of the A. This contract shall terminate at the end of the A. This contract shall terminate at the end of the A. This contract shall be computed on the A. This contract shall be contracted by the A. This | nd of the school year of | or when the student(s) is no lo | | | | 1- | | | |
| Elementary School District Kila Elem | Chair, Board | of Trustees | | | | Date | | | |
| High School District | Chair, Board | of Trustees | | | | Date | | | |
| | I attest that the above | ve information | is true and correct. | | | | | | |
| Signature - Parent or Guardian | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Helen | a, MT 59620 | -2501 | | D | Due to School Clerk June 1 | | | | | |
|--|---|---|--|--|--|---|--|-------------------------------|---|--|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | , | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 Dis | strict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attach ISOLATION: Section 2 | explanation) | . provides for | increased reir | nbursement | 7 | icht Name | GCHOOL | | Grade | |
| rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7 | stances of isola ual circumstanc he county trans | tion of resider es must be re portation com | nce. In order to viewed and appointment and the mittee, and the | o receive oproved by the | Stud | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | ased payment | due to isolatio | n has been ap | proved by the | Student Name School Gra | | | | | |
| Elem District Approval | | | tials | | Student Name School Grade | | | | | |
| HS District Approval | □ yes □ | no | | | THIS CONTRACT IS FOR: | | | | | |
| County Approval Parent or Guardian N | | no | | | Gra | des 1-12 | <u> </u> | | | |
| | 141110. (1 1040) | 0 · ······· | | | □ 1 | st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters | |
| Robin S. Pulse Physical Address (st | reet address | only). | | | Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| 1 Hysical Address (st | rect address | Orny). | | | 1 | st Semester Only | 2nd Semester Only | y ⊔ Both Se | mesters | |
| Distance from home Elementary 3.8 Distance from home Elementary 0 Contract is for on Students in Each Grade Le | HS 0 to nearest bu HS 0 ne-way only | s stop, if any | y (one way) | s contract. | Kind by t To c To c Kind To c Dea | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: | times per day,times per day,times per day,times per day,times per day,times per day,times per day, | days days days ol-age student | s per week s per week ts: s per week | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | py for your | |
| Regular Trans Spec. Ed. Trans | | | | | | | IDENTS: Send origina | al to OPI by July | y 10, retain a | |
| • | | | | | copy | y for your files. | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (, e, | not, county and or t | , | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | mined by | | |
| | | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| insured driver will trace. In March and June, transported for the payment shall be a second to the | nsport or provide t ansport the studer the District shall p past semester. be computed on the | nts. Mileage con ay the parent the se basis of the so | the student(s) to stracts are valid of e sum officially a chedule establish | o and from the school only when transporta pproved in the appli- | ol or bus stop on tion for the dista cation upon certi | nce reported on the contraction by the teacher or potential the information accompany | rincipal of the school of the nur ring this contract. | | | |
| 4. This contract shall terminate at the end of the school year or when the student(s) is no longer Elementary School District Chair, Board of Trustees Kila Flam | | | | | 32. 3131100 III 30 | | <u>-</u> | Date | | |
| Kila Elem High School District Chair, Board of Trustees | | | | | | | | Date | | |
| I attest that the above inform | | | | | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 | -2501 | | Dι | ue to School Clerk June 1 | | | | | |
|---|--|--------------------------------|------------------|--|--|--|---|----------|--|
| Elementary District Responsible for Re | imbursing the C | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | Flathead | | 0323 | | |
| High School or K-12 District Responsib | le for Reimburs | sing the Conti | ract | | County | | Legal Entity | | |
| | | | | | | | | | |
| Is this contract shared between ele ☐ yes ☐ no | ementary and | high schoo | i? | | | | | | |
| Are you applying for isolation statu | | □ No | | Stud | lent Name | School | Grad | de | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | , provides for ir | | | | | | | | |
| rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans | es must be revi portation comm | ewed and ap nittee, and the | proved by the | Stud | lent Name | School | Grad | de | |
| Public Instruction. (10.7.116 ARM prov | , and the second | ŕ | | Stud | lent Name | School | Grad | de | |
| Check here only if increased payment of District Trustees and the County Trans | portation Comn | nittee. | proved by the | | | | | | |
| | Initi □ no | als | | Student Name School Grade | | | | | |
| | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian Name: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Roger Groshelle | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (street address | only): | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| | | | | | DERGARTEN/PREM | | | | |
| Distance from home to nearest sc Elementary 6.3 HS 0 | hool (one way | /) | | bv t | his contract: | | age students also cove days per wee | | |
| Distance from home to nearest bu Elementary 0 HS 0 | is stop, if any | (one way) | | Kind | dergarten child ride | es <u>without</u> other scho | days per wee days per wee ol-age students: days per wee | | |
| □ Contract is for one-way only | | | | To c | r from School | times per day, | days per wee | ek | |
| Students in Each Grade Level - Only include | the students to be | covered by this | s contract. | Dea | adlines: | | | | |
| Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | | | |
| Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a copy for you | ır | |
| Regular Trans | | | | COL | JNTY SUPERINTEN | IDENTS: Send origina | ıl to OPI by July 10, retai | in a | |
| Spec. Ed. Trans | | | | | for your files. | | | | |
| Room & Board | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | Dairek. | | ain a d lav | | |
| Contingency Spec. Ed. Contin. | | | | | Reillibi | ursement rate is deterr 20-10-142, MCA. | illiled by | | |
| Opec. Lu. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between parent (parer | nt name) | | | , and | I school district (distr | rict name) | | <u> </u> | |
| (county name) The parties agree as follows: | | | County, hereinat | fter referred | to as the District(s). | | | | |
| The parent shall transport or provide t insured driver will transport the studer | | | | | | | ian assures that a licensed and | | |
| In March and June, the District shall p transported for the past semester. | • | | | | | • | mber of days the student(s) was | | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-4. This contract shall terminate at the end of the school year or when the student(s) is no long. Chair Reserved Chair Reserv | | | | | tne intormation accompany hool, whichever occurs firs | ring tnis contract. t. | I Data | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | Date | | |
| | | I attest | that the above | information | is true and correct. | | | | |
| Signature - Parent or Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Heler | na, MT 59620 | -2501 | | Di | Due to School Clerk June 1 | | | | | |
|--|------------------------------|-------------------|---------------------|----------------------|---|------------------------------|------------------------------|------------------------|-------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share | ad batwaan al | omontory or | d high coho | N2 | | | | | | |
| | ed between en | ementary ar | iu riigii scrioi | י וכ ? | | | | | | |
| Are you applying for | isolation statu | us? □ Yes | □ No | | Stuc | lent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) | nrovides for | increased reir | nhursement |) 1 | ient Name | 301001 | | Grade | |
| rates for special circum | nstances of isola | tion of resider | nce. In order t | o receive | Stuc | lent Name | School | | Grade | |
| increased rates, individe trustees of the district, | the county trans | portation com | mittee, and the | | State | ient Name | School | | Grade | |
| Public Instruction. (10. | 7.116 ARM prov | ides guideline | s for such.) | | Stuc | lent Name | School | | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap | proved by the | Gladent Harris Golloon Grau | | | | | |
| | | In | tials | | Student Name School Grade | | | | | |
| Elem District Approval HS District Approval | • | □ no □ no | | | Student Name School Grade | | | | | |
| County Approval | | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | | |
| Parent or Guardian | Name: (Please | e Print) | | | | st Semester Only | □ 2nd Semester Onl | ly □ Both Se | mesters | |
| Shane & Christi | ne Webb | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home | 4 | l 1 / · · · · | | | Kind | dergarten child ride | s with other school- | age students a | lso covered | |
| Distance from home Elementary 5 | to nearest sc HS 0 | nooi (one wa | ay) | | by t | his contract: | times per day, _ | dayı | s ner week | |
| • | | | , | | To c | or from School | times per day, | days | s per week | |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kind | dergarten child ride | s <u>without</u> other scho | ool-age studen | ts: s ner week | |
| | | | | | To c | or from School | times per day, | day: | s per week | |
| □ Contract is for o | , , | | | | Do | adlines: | | | | |
| Students in Each Grade Le | ever - Only include | the students to t | be covered by thi | s contract. | PAR | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | DKS. Sand original | to County Supt by Jul | ly 1 rotain a co | ny for your | |
| | Total | Total | Total | Total | files | | to County Supt by Sui | iy i, ietalii a co | by for your | |
| Regular Trans | | | | | COL | INTV SUDEDINTEN | IDENTS: Send origina | al to OPI by July | v 10 retain a | |
| Spec. Ed. Trans | | | | | | for your files. | DENTS. Send ongine | ar to Or 1 by July | , 10, letaill a | |
| Room & Board | | | | | | RF | IMBURSEMENT R | ATF | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. | | | | | | Reimbi | ursement rate is deterr | mined by | | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| opeo. La. contini. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) | | | | County hereina | fter referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | dian accurac that a li | consed and | |
| insured driver will to | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | • | ander or days the Stu | contra was | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-1. This contract shall terminate at the end of the school year or when the student(s) is no longe This contract Shall terminate at the end of the school year or when the student(s) is no longe This contract Shall terminate at the end of the school year or when the student(s) is no longe. | | | | | | | | T | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | | Date | | |
| Lattack that the above in | | | | | | | | | | |
| | | | I attes | that the above | information | is true and correct. | 2 . | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|---|---|--------------------------|--------------------------------|--|--|---|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| Is this contract share | ed between ele | ementary an | d high scho | ol? | | | | |
| □ yes □ no | | | | | | | | |
| Are you applying for (If yes, please attact ISOLATION: Section | h explanation) | | □ No increased reir | mbursement | Stud | dent Name | School | Grade |
| rates for special circum increased rates, individurustees of the district, Public Instruction. (10. | nstances of isola dual circumstanc the county trans | tion of resider es must be re portation com | nce. In order to viewed and appoint the mittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment o | due to isolation | n has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | • | Ini □ no □ no | tials | | Stud | dent Name | School | Grade |
| County Approval | □ yes □ | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | |
| Parent or Guardian | Name: (Please | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Tommy Baker Physical Address (s | treet address | only): | | | | -kindergarten/Kinderg st Semester Only | garten □ 2nd Semester Or | nly □ Both Semesters |
| | | | | | | DERGARTEN/PREM | | , |
| Distance from home Elementary 14 | HS 0 | | | | Kind by to To do To d | dergarten child ride his contract: or from Bus Stop or from School | es <u>with</u> other school- times per day, times per day, | -age students also covered days per week days per week |
| Distance from home Elementary 9.5 | HS 0 | s stop, ir any | (one way) | | Tod | or from Bus Stop | es <u>without</u> other sch times per day, | ool-age students: days per week days per week |
| □ Contract is for o | ne-way only | | | | | | times per day, | days per week |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | is contract. | <u>De</u> PAF | adlines: RENTS: Due to Scho | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | ERKS: Send original | | uly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origin | nal to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | IMBURSEMENT Frict, county and OP | |
| Correspondence | | | | | | | , , | , |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 111071. | |
| | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | , |
| (county name) The parties agree as follow | | | | • | | I to as the District(s). | | |
| insured driver will t | ransport the studer | its. Mileage con | tracts are valid o | only when transportation | on for the dista | nce reported on the contract | ct actually occurs. | rdian assures that a licensed and |
| transported for the | past semester. | | • | | • | the information accompany | • | number of days the student(s) was |
| | terminate at the en | d of the school y | | student(s) is no longe | | chool, whichever occurs firs | | Date |
| Kila Elem High School District | · | | | | | | | Date |
| I attest that the abov | | | | | information | is true and correct | | |
| Signature - Parent or | Guardian | | ı alles | t triat trie above | ii ii Oi I I I dii Off | is true and correct. | Date | |
| · · · · · · · · · · · · · · · · · · · | ' | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | Di | Due to School Clerk June 1 | | | | | |
|--|------------------------------|-------------------|---------------------|----------------------|-------------------------------|-------------------------------------|------------------------------|------------------------|-------------------|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share | ad batwaan al | omontory or | d high coho | N2 | | | | | | |
| | ea between ei | ementary ar | ia nign schoo |) וכ | | | | | | |
| Are you applying for | isolation statu | us? □ Yes | □ No | | Stuc | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) | nrovides for | increased rein | nhursement |) 1 | Jent Name | School | | Grade | |
| rates for special circum | nstances of isola | ition of resider | nce. In order to | o receive | Stuc | dent Name | School | | Grade | |
| increased rates, individe trustees of the district, | the county trans | sportation com | mittee, and the | | State | dent Name | School | | Grade | |
| Public Instruction. (10. | 7.116 ARM prov | rides guideline | s for such.) | | Stuc | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap | proved by the | Classifi Figure 5 Control | | | | | |
| | | In | tials | | Student Name School Grade | | | | | |
| Elem District Approval HS District Approval | | □ no □ no | | | Student Name School Grade | | | | | |
| County Approval | | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>DR:</u> | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | ly □ Both Se | mesters | |
| Tracy Paddock | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | ly □ Both Se | mesters | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home | | l 1 / · · · · | | | Kind | dergarten child ride | s with other school- | age students a | lso covered | |
| Distance from home Elementary 6 | to nearest sc HS 0 | nooi (one wa | ay) | | by t | his contract: | times per day, _ | dayı | s ner week | |
| • | | | , | | To c | or from School | times per day, _ | days | s per week | |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kind | dergarten child ride | s <u>without</u> other scho | ool-age studen | ts: s ner week | |
| | | | | | To c | or from School | times per day, _ | day: | s per week | |
| □ Contract is for o | , , | | | | Do | adlines: | | | | |
| Students in Each Grade Le | evel - Only include | the students to t | be covered by thi | s contract. | PAR | RENTS: Due to Sch | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | DKC. Sand original | to County Supt by Jul | ly 1 rotain a aa | ny for your | |
| | Total | Total | Total | Total | files | | to County Supt by Sui | iy i, ietalii a co | by for your | |
| Regular Trans | | | | | COL | INTY SUDEDINTEN | IDENTS: Send origina | al to OPI by July | v 10 retain a | |
| Spec. Ed. Trans | | | | | | for your files. | DENTS. Send ongine | ar to Or 1 by July | , 10, letaill a | |
| Room & Board | | | | | | RF | IMBURSEMENT R | ATF | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. | | | | | | Reimbi | ursement rate is deterr | mined by | | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| 5p00. Eu. 00mm. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) | | | (| County hereina | fter referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | dian accurac that a li | consed and | |
| insured driver will to | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | • | ander or days the Stu | contra was | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-1. This contract shall terminate at the end of the school year or when the student(s) is no longe This contract Shall terminate at the end of the school year or when the student(s) is no longe This contract Shall terminate at the end of the school year or when the student(s) is no longe. | | | | | | | | T | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | | Date | | |
| Latter that the above in | | | | | | | | | | |
| | | | I attes | that the above | information | is true and correct. | 2 . | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Dı | ue to Scho | ol Clerk June 1 | | | | |
|--|---|----------------------------------|----------------------------------|-----------------------|--|--|---|-----------------------|--------------|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | , | Legal Entity | | |
| Kila Elem | | | | | | Flathead | | 0323 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stuc | lent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | A, provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstanc the county trans | ces must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade | |
| Public Instruction. (10. | • | J | ŕ | | Stuc | lent Name | School | | Grade | |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | | |
| Elem District Approval | | □ no | tials | | Student Name School Grade | | | | | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Please | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Tricia Gray | | | | | Pre-kindergarten/Kindergarten | | | | | |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home Elementary 4.5 | to nearest sc HS 0 | hool (one wa | ay) | | bv t | his contract: | s <u>with</u> other school-a | _ | | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | s: | |
| · | | | | | To c | r from School | times per day, _ times per day, _ | days | per week | |
| ☐ Contract is for or Students in Each Grade Le | • • | the students to b | be covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Jul | y 1, retain a cop | y for your | |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | DENTS : Send original | al to OPI by July | 10, retain a | |
| Spec. Ed. Trans | | | | | | for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For disti | rict, county and OPI | use only) | | |
| Reg. | | | | | | Reimhi | ırsement rate is deterr | nined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Kembe | 20-10-142, MCA. | Timed by | | |
| 5,000. Ed. 00mm. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between | ı parent (parer | nt name) | | | , and | I school district (distr | ict name) | | , | |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | | |
| The parent shall tra insured driver will to | ensport or provide t ransport the studer | nts. Mileage cor | tracts are valid o | only when transportat | tion for the dista | nce reported on the contract | | | | |
| transported for the | past semester. | • | • | | · | | incipal of the school of the nu | mber of days the stud | dent(s) was | |
| The payment shall be computed on the basis of the schedule established in Section 20-10-4. This contract shall terminate at the end of the school year or when the student(s) is no long Elementary School District Chair Roard of Trustees | | | | | er enrolled in so | the information accompany hool, whichever occurs firs | ing this contract. i. | Data | | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date | | |
| High School District Chair, Board of Trustees | | | | | | | | Date | | |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | • | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 ia, MT 59620 | -2501 | | Du | Due to School Clerk June 1 | | | |
|--|---|--|--|----------------------------|--|---|---|---|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high school | ol? | | | | <u>-</u> |
| Are you applying for | | | □ No | | Stuc | lent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142. MCA | A. provides for | increased rein | nbursement | Otac | ient ivanie | GCHOOL | Grade |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | stances of isola ual circumstand the county trans | ition of resider ces must be re sportation com | nce. In order to eviewed and ap nmittee, and the | o receive proved by the | Stud | lent Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | itials | | Stud | lent Name | School | Grade |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Only | y Both Semesters |
| Wendy Hoelstad Physical Address (st | | only): | | | | kindergarten/Kinder st Semester Only | | y □ Both Semesters |
| | | | | | KIN | DERGARTEN/PREI | (INDERGARTEN: | |
| Distance from home Elementary 4 | to nearest so | hool (one w | ay) | | Kind by t | dergarten child ride his contract: or from Bus Stop | es <u>with</u> other school-a times per day, | days per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | ıs stop, if an | y (one way) | | Kind | dergarten child ride | es without other school | days per week ol-age students: days per week days per week days per week |
| □ Contract is for or | ne-way only | | | | 100 | | times per day, _ | days per week |
| Students in Each Grade Le | vel - Only include | the students to | be covered by thi | s contract. | Dea | adlines: RENTS: Due to Sch | ool Clerk June 1 | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | RKS: Send origina | | y 1, retain a copy for your |
| Regular Trans | | | | | | | | |
| Spec. Ed. Trans | | | | | | JNTY SUPERINTEN / for your files. | IDENTS: Send origina | Il to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | ATE |
| | | | | | | | rict, county and OPI | ··- |
| Correspondence | | | | | | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | parent (pare) | at nama) | | | and | l school district (dist | rict name) | |
| Agreement between | parent (paren | it riairie) | | | | | | ······································ |
| (county name) The parties agree as follow | | | | • | | to as the District(s). | | |
| insured driver will tr | ansport the studer | nts. Mileage cor | ntracts are valid o | nly when transportati | on for the dista | nce reported on the contra | ct actually occurs. | ian assures that a licensed and |
| transported for the | past semester. | • | | | • | | • | mber of days the student(s) was |
| This contract shall t | d of the school | year or when the | student(s) is no longe | | the information accompany shool, whichever occurs first | | T | |
| Elementary School District Chair, Board of Trustees Kila Elem | | | | | | | | Date |
| High School District Chair, Board of Trustees | | | | | | | | Date |
| | | | l attest | that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | ratiosi | at the above | iomiation | is true and correct. | Date | |
| - | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

| Helena, MT 59620 |)-2501 | D | Due to School Clerk June 1 | | | | | | |
|--|--|---|--|---|------------------------------|----------------------------------|--------------|--|--|
| Elementary District Responsible for Re | eimbursing the Cont | ract | | County | • | Legal Entity | | | |
| Kila Elem | | | | Flathead | | 0323 | | | |
| High School or K-12 District Responsib | ole for Reimbursing | the Contract | | County | | Legal Entity | | | |
| | | | | | | | | | |
| Is this contract shared between el □ yes □ no | ementary and hig | h school? | | | | | | | |
| Are you applying for isolation state | | No | Stu | dent Name | School | Gra | _ | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A. provides for increa | ased reimbursement | | aciit i vaiii c | Oction | Oran | uc | | |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. I ces must be reviewe sportation committee | n order to receive d and approved by the e, and the Office of | Stud | dent Name | School | Grad | de | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has | been approved by the | Student Name School Grad | | | | | | |
| | Initials | - | Stud | Student Name School Grade | | | | | |
| HS District Approval ☐ yes | no | _ | THIS CONTRACT IS FOR: | | | | | | |
| County Approval ☐ yes Parent or Guardian Name: (Pleas | no | | Gra | des 1-12 | <u> </u> | | | | |
| , | 5 1 111.0 | | □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | | |
| Wendy Oakson Physical Address (street address | only): | | Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | | |
| | , | | | • | | y Both ochicaters | | | |
| Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest but | , ., | e way) | Kind by to To do To d | his contract: or from Bus Stop or from School | es <u>with</u> other school- | days per wee | ek | | |
| Elementary 0 HS 0 | , (c | | Too | or from Bus Stop | times per day, _ | days per wee days per wee | ek | | |
| □ Contract is for one-way only | | | | | times per day, _ | uays per wee | 5K | | |
| Students in Each Grade Level - Only include | the students to be cover | ered by this contract. | De: | <u>adlines:</u> RENTS: Due to Scho | ool Clerk June 1 | | | | |
| Pre-K Total | | 1-8 9-12 otal Total | | ERKS: Send original | | y 1, retain a copy for you | ur | | |
| Regular Trans | | | | | | | | | |
| Spec. Ed. Trans | | | | y for your files. | IDENTS: Send origina | al to OPI by July 10, reta | ın a | | |
| Room & Board | | | | | EIMBURSEMENT R | | | | |
| Correspondence | | | | (For dist | rict, county and OPI | use only) | | | |
| Reg. | | | | Dainel | ursement rate is deterr | minod by | | | |
| Contingency | | | | Reillibi | 20-10-142, MCA. | nined by | | | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between parent (parer | nt name) | | , and | d school district (distr | rict name) | | , | | |
| (county name) | | County, hereina | after referred | to as the District(s). | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide to | transportation for the st | | | ` ' | session. The parent or guard | dian assures that a licensed and | | | |
| insured driver will transport the studer 2. In March and June, the District shall p | nts. Mileage contracts | are valid only when transporta | ation for the dista | nce reported on the contract | ct actually occurs. | | | | |
| transported for the past semester. The payment shall be computed on the | | | | | | | | | |
| 4. This contract shall terminate at the er Elementary School District | | when the student(s) is no lon | | | | Date | | | |
| Kila Elem | · | | | | | | | | |
| High School District | Chair, Board of | rustees | | | | Date | | | |
| | <u>. </u> | I attest that the above | e information | is true and correct. | | | | | |
| Signature - Parent or Guardian | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | Du | e to School Cler | k June 1 | | | |
|---|---------------------------------------|--|----------------------------------|--------------------------|---|---------------------------------------|--|----------------------|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | County | / | | Legal Entity | |
| Kila Elem | | | | | Flath | ead | | 0323 | |
| High School or K-12 Di | istrict Responsil | ole for Reimbu | ırsing the Con | tract | County | | | Legal Entity | |
| Flathead H S | | | | | Flath | ead | | 0311 | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Student Na | me | School | | Grade |
| (If yes, please attack ISOLATION: Section 2 | 20-10-142, MCA | A, provides for | | | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | ces must be re sportation com | eviewed and a nmittee, and th | pproved by the | Student Na | me | School | | Grade |
| Public Instruction. (10.7 | · | , and the second | ŕ | | Student Na | me | School | | Grade |
| Check here only if incre District Trustees and the | | sportation Con | nmittee. | oproved by the | | | | | |
| Elem District Approval | | □ no | itials | | Student Na | me | School | | Grade |
| HS District Approval County Approval | □ yes | □ no | | | | RACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-1: □ 1st Sem | | □ 2nd Semester Onl | y 🗆 Both Sei | mesters |
| Christing Reed | | | | | Pre-kinderg | arten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | y Both Ser | mesters |
| | | | | | KINDERGA | RTEN/PRE | KINDERGARTEN: es <u>with</u> other school-a | ana atudanta a | laa aayarad |
| Distance from home | to nearest so | chool (one w | ay) | | by this con | tract: | | | |
| Elementary 0 | | | | | To or from to | Bus Stop School | times per day, _ times per day, _ s <u>without</u> other scho | days days | s per week s per week |
| Distance from home Elementary 0 | to nearest but HS 4.7 | ıs stop, if an | y (one way) | | Kindergart To or from I | en child ride Bus Stop | es <u>without</u> other scho times per day, _ times per day, _ | ool-age student | s per week |
| ☐ Contract is for or | ne-way only | | | | TO OF TROM S | SC1100I | times per day, _ | days | s per week |
| Students in Each Grade Le | evel - Only include | the students to | be covered by th | is contract. | Deadline PARENTS: | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | I to County Supt by Jul | y 1, retain a cop | y for your |
| Regular Trans | | | | | | | | | |
| Spec. Ed. Trans | | | | | county s | | IDENTS: Send origina | al to OPI by July | 10, retain a |
| Room & Board | | | | | | | EIMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | 5 · - | | | |
| Contingency | | | | | | Reimb | ursement rate is deterr 20-10-142, MCA. | ninea by | |
| Spec. Ed. Contin. | | | | | L | | | | |
| | | | | | | | | | |
| Agreement between | parent (pare | nt name) | | | , and schoo | l district (dist | rict name) | | ······································ |
| (county name) The parties agree as follow | ne. | | | County, hereinaf | ter referred to as th | ne District(s) | | | |
| The parent shall tra insured driver will to | insport or provide ransport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the distance report | ed on the contra | session. The parent or guard ct actually occurs. | | |
| transported for the | past semester. | | | | | | rincipal of the school of the nu | mber of days the stu | dent(s) was |
| This contract shall | terminate at the er | nd of the school | year or when the | student(s) is no longe | 42, MCA, and the inform er enrolled in school, which | ation accompani chever occurs fire | ying this contract. st. | I D-4- | |
| Elementary School I Kila Elem | | | ard of Truste | | | | | Date | |
| High School District Flathead H S | | Chair, Bo | ard of Truste | ees | | | | Date | |
| | | | I attes | t that the above | information is true | and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

| _ | | | | |
|----|----|----|------------|---|
| Co | nt | ro | ^ + | - |
| | | | | |

| | ox 202501 na, MT 59620 | -2501 | | Du | e to School Clerk June | 1 | |
|---|--|--|--|---|--|--|--------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | County | | Legal Entity |
| Kila Elem | | | | | Flathead | | 0323 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | ract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | | 0311 |
| Is this contract share ☐ yes ☐ no | ed between el | ementary and | high scho | ol? | | | |
| Are you applying for (If yes, please attack | h explanation) | 1 | □ No | | Student Name | School | Grade |
| rates for special circum increased rates, individurustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | tion of residences must be revenued. | ce. In order to iewed and appointed, and the | o receive oproved by the | Student Name | School | Grade |
| Check here only if incre District Trustees and th | eased payment | due to isolation | has been ap | proved by the | Student Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no | ials | | Student Name | School | Grade |
| County Approval | □ yes | □ no □ no | | | THIS CONTRACT IS Grades 1-12 | S FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | □ 1st Semester On | ly 2nd Semester Only | □ Both Semesters |
| David Barnes Physical Address (s | troot address | only): | | | Pre-kindergarten/Kir | | - 5 " 6 |
| 1 Hysical Address (s | ii cci addi css | orny). | | | | ly | Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or | HS 8.8 to nearest bu HS 0 | | | | Kindergarten child by this contract: To or from Bus Stop To or from School Kindergarten child | rides with other school-a times per day, times per day, rides without other school times per day, times per day, times per day, times per day, | days per week ol-age students: |
| Students in Each Grade Le | , , | the students to be | e covered by th | is contract. | Deadlines: | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send original | School Clerk June 1. ginal to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | files. | | |
| Spec. Ed. Trans | | | | | copy for your files. | TENDENTS: Send origina | to OPI by July 10, retain a |
| Room & Board | | | | | (For | REIMBURSEMENT RA | |
| Correspondence | | | | | (, 3, | aloutot, ocumy and of t | |
| Reg. Contingency Spec. Ed. Contin. | | | | | Re | imbursement rate is determ 20-10-142, MCA. | nined by |
| | | | | | | | |
| Agreement between | narent (nare | nt name) | | | and school district (| (district name) | |
| (county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will to transported for the 3. The payment shall | vs: Insport or provide transport the studer the District shall past semester. be computed on the | rransportation for this. Mileage contribute parent the parent the the basis of the sch | the student(s) the acts are valid of sum officially and the dule establish | County, hereinaf o and from the school only when transportation pproved in the applicated in Section 20-10-1 | ter referred to as the Distriction or bus stop on the days when school for the distance reported on the control of the distance reported on t | ct(s). It is in session. The parent or guardiontract actually occurs. It or principal of the school of the nurnepanying this contract. | an assures that a licensed and |
| Elementary School Kila Elem | District | Chair, Boar | rd of Truste | es | | | Date |
| High School District Flathead H S | | Chair, Boar | rd of Truste | es | | | Date |
| | | | I attes | t that the above i | nformation is true and corre | ect. | |
| Signature - Parent or | Guardian | | | | | Date | |

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ar 2005- 2006 ol Clerk June 1 | | |
|--|--|--|---|---|--|--|--|---|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | | County | | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | ract | | County | | Legal Entity |
| Flathead H S | | | | | | Flathead | | 0311 |
| Is this contract shar □ yes □ no | ed between el | ementary and | l high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | 1 | □ No | | Stu | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of residences must be revenued. Sportation comm | ce. In order to iewed and appointed, and the | o receive oproved by the | Stu | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stu | dent Name | School | Grade |
| Elem District Approval | - | Initi □ no | | | Stu | dent Name | School | Grade |
| HS District Approval County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | y Both Semesters |
| Debbie Wallace | | | | | Pre | -kindergarten/Kinder | narten | , |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | y Both Semesters |
| | | | | | | DERGARTEN/PREI | | |
| Distance from home | | hool (one wa | y) | | by t | his contract: | | age students also covered |
| Elementary 0 | HS 5 | | | | To | or from Bus Stop | times per day, | days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 13 | is stop, if any | (one way) | | Kin | dergarten child ride | es without other scho | ool-age students: |
| • | | | | | To | or from School | times per day, _ times per day, _ | days per week days per week |
| ☐ Contract is for o Students in Each Grade L | , , | the students to be | covered by thi | s contract | De | adlines: | | |
| Otadents in Each Grade E | | | | | PAI | RENTS: Due to Sch | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | I to County Supt by Ju | y 1, retain a copy for your |
| Regular Trans | | | | | files | i. | | |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | | | EIMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimb | ursement rate is deter | mined by |
| Contingency Spec. Ed. Contin. | | | | | | T tomis | 20-10-142, MCA. | inited by |
| Special 201 | | | | | | | | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , an | d school district (dist | rict name) | , |
| (county name) The parties agree as follow | vs: | | | County, hereina | after referred | I to as the District(s). | | |
| insured driver will to 2. In March and June transported for the | ransport the stude , the District shall p past semester. | nts. Mileage control oay the parent the | acts are valid of sum officially a | only when transporta pproved in the applic | tion for the dista cation upon cert | ince reported on the contra ification by the teacher or p | ct actually occurs. rincipal of the school of the nu | dian assures that a licensed and imber of days the student(s) was |
| This contract shall | terminate at the er | d of the school ye | ar or when the | student(s) is no long | ger enrolled in s | the information accompany chool, whichever occurs first | ying this contract. st. | Date |
| Elementary School Kila Elem | | Chair, Boar | | | | | | Date |
| High School District Flathead H S | : | Chair, Boar | d of Truste | es | | | | Date |
| | | | I attes | that the above | information | is true and correct. | | |
| | - " | | | | | | Data | |

Signature - Parent or Guardian Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | lox 202501 na, MT 59620 |)-2501 | | _ | | ol Clerk June 1 | | |
|--|---|---------------------------------|--|--------------------------|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | | County | <u> </u> | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 D | istrict Responsi | ole for Reimburs | sing the Con | tract | | County | | Legal Entity |
| Flathead H S | | | | | | Flathead | | 0311 |
| Is this contract share | ed between e | ementary and | l high scho | ol? | | | | |
| Are you applying for | risolation stat | us? □ Yes | □ No | | Ctur | dent Name | Cohool | Crada |
| (If yes, please attac | h explanation |) A provides for in | ocreased rein | mbursement | Stud | dent Name | School | Grade |
| rates for special circum increased rates, individual trustees of the district, | nstances of isola dual circumstan | ation of residences must be rev | e. In order to the contract in | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. | | | | | Stu | dent Name | School | Grade |
| Check here only if incre District Trustees and the | | | nittee. | proved by the | | | | |
| Elem District Approval HS District Approval | | □ no | | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Dora McDonald Physical Address (s | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | orily). | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | √ □ Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or | HS 23 e to nearest bu HS 14 | | | | Kin by t To c To c Kin To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day,times per day,times per day,times per day,s without other schooltimes per day, | days per week days per week ol-age students: days per week days per week days per week days per week |
| Students in Each Grade Le | evel - Only include | the students to be | covered by th | is contract. | <u>De</u> | adlines: RENTS: Due to Sch | aal Clark Ivra 4 | |
| | Pre-K | K | 1-8 | 9-12 | | | | |
| | Total | Total | Total | Total | files | - | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send original | I to OPI by July 10, retain a |
| Room & Board | | | | | 334 | | EIMBURSEMENT RA | ATE . |
| Correspondence | | | | | | | rict, county and OPI | |
| Reg. | | | | | | Poimb | ursement rate is determ | ninod by |
| Contingency Spec. Ed. Contin. | | | | | | Keilib | 20-10-142, MCA. | inled by |
| opoo. Lu. comm. | | | | | | | | |
| | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | | d school district (dist | | , , , , , , , , , , , |
| (county name) The parties agree as follow | | | | • | | I to as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage contr | acts are valid | only when transportation | on for the dista | nce reported on the contra | | an assures that a licensed and nber of days the student(s) was |
| transported for the | past semester. | | • | | | the information accompany | · | nuon on days the student(5) was |
| | terminate at the er | | ar or when the | student(s) is no longe | | chool, whichever occurs firs | | Date |
| Kila Elem High School District | | Chair, Boar | | | | | | Date |
| Flathead H S | | Chail, Boar | u or rrusie | | | | | Date |
| | | | l attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 |)-2501 | | e to School Clerk June 1 | | |
|---|-----------------------------------|-----------------------------|--|--|--------------------------------|
| Elementary District Responsible for Re | eimbursing the Contract | | County | | Legal Entity |
| Kila Elem | | | Flathead | | 0323 |
| High School or K-12 District Responsib | ble for Reimbursing the C | ontract | County | | Legal Entity |
| Flathead H S | | | Flathead | | 0311 |
| Is this contract shared between el □ yes □ no | lementary and high sc | hool? | | | |
| Are you applying for isolation state | us? □ Yes □ No | | Student Name | Cabaal | Crada |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA |) A provides for increased | reimbursement | Student Name | School | Grade |
| rates for special circumstances of isola increased rates, individual circumstance | ation of residence. In ord | er to receive | Student Name | School | Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | sportation committee, and | the Office of | | | |
| Check here only if increased payment | due to isolation has beer | approved by the | Student Name | School | Grade |
| District Trustees and the County Trans | sportation Committee. Initials | | Chudant Nama | Cabaal | Crada |
| | □ no | | Student Name | School | Grade |
| County Approval ☐ yes Parent or Guardian Name: (Pleas | □ no | | THIS CONTRACT IS FO Grades 1-12 | <u>PR:</u> | |
| · | e Filit) | | ☐ 1st Semester Only | ☐ 2nd Semester Only | □ Both Semesters |
| Helen Pilling Physical Address (street address | oulv). | | Pre-kindergarten/Kinderg | | ✓ □ Doth Competers |
| yoloa. / taa. ooo (ca. oot aaa. ooo | ·, | | ŗ | • | Both Semesters |
| D: 1 | | | | <u>(INDERGARTEN:</u> s <u>with</u> other school-a | ge students also covered |
| Distance from home to nearest so Elementary 0 HS 6.5 | chool (one way) | | by this contract: To or from Bus Stop | times per day. | days per week |
| Distance from home to nearest bu | us stop, if any (one wa | v) | To or from School Kindergarten child ride | times per day, _ | days per week |
| Elementary 0 HS 6.5 | 1, | , | To or from Bus Stop | times per day, _ | days per week |
| □ Contract is for one-way only | | | | times per day, _ | days per week |
| Students in Each Grade Level - Only include | the students to be covered b | y this contract. | <u>Deadlines:</u> PARENTS: Due to Scho | ool Clerk June 1. | |
| Pre-K Total | K 1-8 Total Total | 9-12 Total | | | 1, retain a copy for your |
| | 10101 | 1010. | files. | to county cupt by outy | 1, retain a copy for your |
| Regular Trans | | | | DENTS: Send original | to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | | |
| Room & Board | | | | IMBURSEMENT RA | |
| Correspondence | | | (1 01 0.00 | not, obtainly and or i | |
| Reg. Contingency | | | Reimbi | ursement rate is determ | ined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | | | | | |
| Agreement between parent (parer | nt name) | | , and school district (distr | ict name) | |
| (county name) | | | er referred to as the District(s). | , <u> </u> | · |
| The parties agree as follows: | transportation for the student | _ , | or bus stop on the days when school is in | session. The parent or quardi | an assures that a licensed and |
| insured driver will transport the studer 2. In March and June, the District shall p | nts. Mileage contracts are va | lid only when transportatio | n for the distance reported on the contraction upon certification by the teacher or produced in the contraction of the contract | t actually occurs. | |
| | | | 42, MCA, and the information accompany enrolled in school, whichever occurs firs | | |
| Elementary School District | Chair, Board of Tru | | Cinonou in School, Willonevel Occurs IIIS | | Date |
| Kila Elem High School District | Chair, Board of Tru | stees | | | Date |
| Flathead H S | Lat | tact that the above : | nformation is true and correct. | | |
| Signature - Parent or Guardian | Tat | lest that the above h | normation is true and confect. | Date | |

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | 0-2501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|------------------------------------|-------------------------------|--------------------------------|--------------------------|----------------------------|---|--|---|
| Elementary District Res | sponsible for R | eimbursing the | Contract | | | County | | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsi | ible for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| Flathead H S | | | | | | Flathead | | 0311 |
| Is this contract share ☐ yes ☐ no | ed between e | elementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Stu | dent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | 20-10-142, MC | A, provides for | | | | | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | lual circumstan the county tran | ces must be re sportation com | viewed and a mittee, and th | pproved by the | Stu | dent Name | School | Grade |
| Check here only if incre | · | J | ŕ | onroved by the | Stu | dent Name | School | Grade |
| District Trustees and th | | sportation Com | | oproved by the | | | | |
| Elem District Approval | | □ no | | | Stu | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no | | | | S CONTRACT IS FO | <u>R:</u> | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Julie McPhee | | | | | Pre | -kindergarten/Kinderg | arten | |
| Physical Address (st | treet address | only): | | | | | | / □ Both Semesters |
| | | | | | | DERGARTEN/PREK | | |
| Distance from home Elementary 0 | to nearest so | chool (one wa | ay) | | by 1 | his contract: or from Bus Stop | times per day, | ge students also covered days per week |
| Distance from home Elementary 0 | to nearest b | us stop, if any | (one way) | | To o Kin To o | or from School dergarten child rides or from Bus Stop | times per day, _ <u>without</u> other schoo times per day, _ | days per week pl-age students: days per week days per week days per week |
| □ Contract is for or | ne-way only | | | | То | or from School | times per day, _ | days per week |
| Students in Each Grade Le | evel - Only include | e the students to b | e covered by the | is contract. | | adlines: RENTS: Due to Scho | al Clark Ivaa 4 | |
| | Pre-K | _K | _1-8 | 9-12 | | | | |
| | Total | Total | Total | Total | CLE files | - | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | CO | INTY SUDEDINTENI | TENTS: Send original | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | SENTO. Send ongina | Tto Of 1 by July 10, retain a |
| Room & Board | | | | | | | MBURSEMENT RA | |
| Correspondence | | | | | | (For disti | ict, county and OFT | use offiy) |
| Reg. Contingency | | | | | | Reimbu | rsement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| A | | -1 | | | | dll -li-4-i-4 (-li-4-i | -t | |
| Agreement between | parent (pare | ent name) | | | , an | a school district (distri | ct name) | · · · · · · · · · · · · · · · · · · · |
| (county name) The parties agree as follow | /s: | | | County, hereinaf | ter referred | I to as the District(s). | | |
| insured driver will tr | ransport the stude | ents. Mileage con | tracts are valid | only when transportation | on for the dista | nce reported on the contract | actually occurs. | an assures that a licensed and |
| transported for the | past semester. | | • | | | ffication by the teacher or pri the information accompanying | · | nber of days the student(s) was |
| This contract shall t | terminate at the e | nd of the school y | ear or when the | student(s) is no longe | | chool, whichever occurs first. | | Data |
| Elementary School I Kila Elem | | | ard of Truste | | | | | Date |
| High School District Flathead H S | | Chair, Boa | ard of Truste | ees | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | | Date | |

Phone Number Address, City, Zip Code

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Box 202501 Helena, MT 59620 | | | School Year 2005- 2006 Due to School Clerk June 1 | | |
|---|--|---|---|---|--------------------|
| Elementary District Responsible for Re | imbursing the Cor | ntract | County | · | Legal Entity |
| Kila Elem | | | Flathead | | 0323 |
| High School or K-12 District Responsib | le for Reimbursing | g the Contract | County | | Legal Entity |
| Flathead H S | | | Flathead | | 0311 |
| Is this contract shared between ele □ yes □ no | ementary and h | igh school? | | | |
| Are you applying for isolation statu (If yes, please attach explanation) | | □ No | Student Name | School | Grade |
| ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | tion of residence. es must be review portation committe | In order to receive yed and approved by the ee, and the Office of | Ot deat Name | School | Grade |
| Check here only if increased payment of District Trustees and the County Trans | due to isolation ha | s been approved by th | Student Name | School | Grade |
| Elem District Approval yes | Initials no no | | Student Name | School | Grade |
| County Approval | no | | THIS CONTRACT IS Grades 1-12 | FOR: | |
| Parent or Guardian Name: (Please | e Print) | | ☐ 1st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Laura Baer | | | Pre-kindergarten/Kind | ergarten | |
| Physical Address (street address of | only): | | ☐ 1st Semester Only | ☐ 2nd Semester Onl | y Both Semesters |
| Distance from home to nearest sci Elementary 0 HS 3.3 Distance from home to nearest but Elementary 0 HS 3.3 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | s stop, if any (or the students to be co | , | by this contract: To or from Bus Stop_ To or from School | times per day,times per day,thool Clerk June 1. | use only) |
| insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on th | ransportation for the ts. Mileage contract ay the parent the sun e basis of the schedu | student(s) to and from the s are valid only when trans n officially approved in the | , and school district (di reinafter referred to as the District(s school or bus stop on the days when school is sportation for the distance reported on the con application upon certification by the teacher o 20-10-142, MCA, and the information accompa o longer enrolled in school, whichever occurs | s). s in session. The parent or guard tract actually occurs. r principal of the school of the nu | |
| Elementary School District Kila Elem | Chair, Board | | | | Date |
| High School District Flathead H S | Chair, Board | of Trustees | | | Date |
| | | I attest that the at | bove information is true and correct | t. | |
| Signature - Parent or Guardian | | | | Date | |

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | 0-2501 | | Du | ie to Scho | ol Clerk June 1 | | |
|--|------------------------------------|----------------------------------|--------------------------------|--------------------------|---------------------|---|---|---|
| Elementary District Res | sponsible for R | eimbursing the | Contract | | | County | L | Legal Entity |
| Kila Elem | | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsi | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| Flathead H S | | | | | | Flathead | | 0311 |
| Is this contract share ☐ yes ☐ no | ed between e | lementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | 20-10-142, MC | A, provides for | | | | | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | lual circumstan the county tran | ces must be re sportation com | viewed and a mittee, and th | pproved by the | Stud | dent Name | School | Grade |
| Check here only if incre | · | J | ŕ | onroved by the | Stud | dent Name | School | Grade |
| District Trustees and th | | sportation Com | | oproved by the | | | | ···· |
| Elem District Approval | | □ no | | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | □ yes □ yes | □ no | | | | S CONTRACT IS FO | <u>R:</u> | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Marcy Osterday | | | | | Pre | kindergarten/Kinderg | arten | |
| Physical Address (st | treet address | only): | | | | | | / □ Both Semesters |
| | | | | | | DERGARTEN/PREK | | |
| Distance from home Elementary 0 | to nearest so HS 7 | chool (one wa | ay) | | by t To d | his contract: or from Bus Stop | times per day, | ge students also covered days per week |
| Distance from home Elementary 0 | to nearest b | us stop, if an | y (one way) | | To o Kin | or from School dergarten child rides | times per day, _ s without other schoo | days per week ol-age students: days per week days per week days per week |
| □ Contract is for or | ne-way only | | | | То | or from School | times per day, _ | days per week |
| Students in Each Grade Le | evel - Only include | e the students to b | e covered by the | is contract. | | adlines: RENTS: Due to Scho | al Clark Juna 1 | |
| | Pre-K | _K | 1-8 | 9-12 | | | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | CO | INTY SUDEDINTENI | DENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | DENTO: Selid oligilia | |
| Room & Board | | | | | | | MBURSEMENT RA | |
| Correspondence | | | | | | (For disti | ici, county and OFT | use offiy) |
| Reg. Contingency | | | | | | Reimbu | rsement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | • |
| | | | | | | | | |
| | | | | | | | | |
| Agreement between | parent (pare | ent name) | | | , and | d school district (distri | ct name) | ······································ |
| (county name) The parties agree as follow | /S: | | | County, hereinaf | ter referred | to as the District(s). | | |
| insured driver will tr | ransport the stude | ents. Mileage con | tracts are valid | only when transportation | on for the dista | nce reported on the contract | actually occurs. | ian assures that a licensed and |
| transported for the | past semester. | | • | | | | · | nber of days the student(s) was |
| This contract shall t | terminate at the e | nd of the school y | ear or when the | student(s) is no longe | | the information accompanying thool, whichever occurs first. | | Γ= . |
| Elementary School I Kila Elem | District | Chair, Boa | ard of Truste | ees | | | | Date |
| High School District Flathead H S | | Chair, Boa | ard of Truste | ees | | | | Date |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | · |
| Signature - Parent or | Guardian | | | | | | Date | |

Phone Number Address, City, Zip Code

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | e to School Clerk Jun | | |
|---|--|---|---|--|--|---|---|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | County | | Legal Entity |
| Kila Elem | | | | | Flathead | | 0323 |
| High School or K-12 Di | strict Responsi | ble for Reimbur | sing the Con | tract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | | 0311 |
| Is this contract share □ yes □ no | ed between e | lementary and | d high scho | ol? | | | |
| Are you applying for | | | □ No | | Student Name | School | Grade |
| (If yes, please attack ISOLATION: Section 2 | 20-10-142, MC | A, provides for i | ncreased reir | mbursement | Stadon Namo | 2011001 | Sidds |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7) | lual circumstand the county trans | ces must be rev sportation comr | viewed and apmittee, and th | oproved by the | Student Name | School | Grade |
| Check here only if incre District Trustees and th | | | | proved by the | Student Name | School | Grade |
| Elem District Approval | | □ no | ials | | Student Name | School | Grade |
| HS District Approval County Approval | , | □ no | | | THIS CONTRACT | T IS FOR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester (| Only 2nd Semester Onl | y Both Semesters |
| Marjorie Peck | | | | | Pre-kindergarten/ | Kindergarten | |
| Physical Address (s | treet address | only): | | | | Only 2nd Semester Onl | y Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lean Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 5 to nearest but HS 5 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kindergarten chi by this contract: To or from Bus St To or from Schoo Kindergarten chi To or from Bus St To or from Schoo Deadlines: PARENTS: Due CLERKS: Send of files. COUNTY SUPER copy for your files | times per day, to School Clerk June 1. Toriginal to County Supt by Jules (INTENDENTS: Send original) | days per week days per week days per week pol-age students: days per week days per week ATE use only) |
| insured driver will to 2. In March and June, transported for the 3. The payment shall | rs: Insport or provide Insport the stude Insport the Stude Insport the District shall Insport semester. In the computed on the computed on the state of the sta | transportation for nts. Mileage cont pay the parent the the basis of the scl | the student(s) tracts are valid of sum officially a | County, hereinaf o and from the school only when transportation inproved in the applicated in Section 20-10-1 | on for the distance reported on th | trict(s). chool is in session. The parent or guard le contract actually occurs. cher or principal of the school of the nu | |
| Elementary School I Kila Elem | | | rd of Truste | | | | Date |
| High School District | | Chair, Boa | rd of Truste | es | | | Date |
| | | | I attes | t that the above i | information is true and co | orrect. | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | ie to School Clerk June 1 | | |
|--|---|---|--|--|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | County | | Legal Entity |
| Kila Elem | | | | | Flathead | | 0323 |
| High School or K-12 D | istrict Responsil | ole for Reimburs | sing the Con | tract | County | | Legal Entity |
| Flathead H S | | | | | Flathead | | 0311 |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | l high scho | ol? | | | |
| Are you applying fo (If yes, please attac | | | □ No | | Student Name | School | Grade |
| ISOLATION: Section | 20-10-142, MCA | A, provides for in | ncreased rei | mbursement | | | |
| rates for special circur increased rates, individe trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be rev sportation comn | iewed and ap nittee, and th | oproved by the | Student Name | School | Grade |
| Check here only if incr District Trustees and t | | sportation Comr | nittee. | proved by the | Student Name | School | Grade |
| Elem District Approval | | Initi □ no | als | | Student Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Mike Greskowia | ak | | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (s | treet address | only): | | | ☐ 1st Semester Only | | / □ Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 7 e to nearest bu HS 7 ne-way only | us stop, if any | (one way) covered by th 1-8 Total | 9-12 Total | by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis | times per day,times per day,times per day,tenses without other schooling times per day,times per da | days per week days per week days per week / 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude , the District shall p past semester. be computed on the | transportation for to this. Mileage contropay the parent the the basis of the sch | he student(s) t acts are valid of sum officially a redule establisl | County, hereinaf o and from the school only when transportati ipproved in the applica ned in Section 20-10-1 | , and school district (dis- fter referred to as the District(s) or bus stop on the days when school is in on for the distance reported on the contra- ation upon certification by the teacher or in 142, MCA, and the information accompan- er enrolled in school, whichever occurs fir | n session. The parent or guardict actually occurs. orincipal of the school of the nur | |
| Elementary School Kila Elem | | Chair, Boar | | | | | Date |
| High School District | t | Chair, Boar | d of Truste | es | | | Date |
| | | <u> </u> | I attes | t that the above | information is true and correct. | | |
| Signature - Parent or | Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|--------------------------------------|------------------------------------|--------------------------------|--------------------------|---------------------------|---------------------------------------|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | ounty | <u> </u> | Legal Entity | |
| Kila Elem | | | | | F | athead | | 0323 | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | tract | С | ounty | | Legal Entity | |
| Flathead H S | | | | | F | lathead | | 0311 | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Studen | t Name | School | Grade | |
| (If yes, please attack ISOLATION: Section : | 20-10-142, MCA | A, provides for i | | | | | | | |
| rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1) | lual circumstand the county trans | ces must be rev sportation comm | riewed and a nittee, and th | pproved by the | Studen | t Name | School | Grade | |
| Check here only if incre District Trustees and th | eased payment | due to isolation | has been ap | pproved by the | Studen | t Name | School | Grade | |
| Elem District Approval | • | Init □ no | | | Studen | t Name | School | Grade | |
| HS District Approval County Approval | □ yes □ | □ no | | | THIS C | ONTRACT IS FO | DR: | | |
| Parent or Guardian | | | | | Grades | | | v □ Both Semesters | |
| Montana Hanse | n | | | | | • | • | both Semesters | |
| Physical Address (s | | only): | | | | dergarten/Kinder Semester Only | garten □ 2nd Semester Only | □ Both Semesters | |
| | | | | | KINDE | RGARTEN/PRE | (INDERGARTEN: | | |
| Distance from home Elementary 0 | to nearest so | hool (one wa | y) | | Kinder by this | garten child ride contract: | es <u>with</u> other school-a | ge students also covered days per week | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if any | (one way) | | To or fr Kinder | om School garten child ride | times per day, _ es without other schoo | days per week ol-age students: days per week days per week days per week | |
| ☐ Contract is for or | ne-way only | | | | To or fr | om School | times per day, _ | days per week | |
| Students in Each Grade Le | evel - Only include | the students to be | e covered by th | is contract. | Dead | lines: NTS: Due to Sch | aal Clark lung 1 | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLER | | | 1, retain a copy for your | |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | TY SUPERINTEN r your files. | IDENTS: Send original | I to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (i oi dist | nict, county and Or 1 | use only) | |
| Reg. | | | | | | Reimbi | ursement rate is determ | ined by | |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| A | | -4 > | | | | -1111-4-1-4-(-11-4 | dat = = ==) | | |
| Agreement between | i parent (parei | nt name) | | | | | rict name) | , | |
| (county name) The parties agree as follow | | | | • | | as the District(s). | | | |
| insured driver will to | ransport the studer | nts. Mileage conti | racts are valid | only when transportation | on for the distance | reported on the contract | ct actually occurs. | an assures that a licensed and nber of days the student(s) was | |
| transported for the | past semester. | | | | | information accompany | | iber or days the student(s) was | |
| | terminate at the er | | ear or when the | student(s) is no longe | | I, whichever occurs firs | | Date | |
| Kila Elem | | , | | | | | | | |
| High School District Flathead H S | | Chair, Boa | iu oi iruste | | | | | Date | |
| | | | I attes | t that the above i | nformation is | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | <u> </u> | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | | |
|---|--------------------------------------|---------------------------------|------------------------------|----------------------|---|--|---|-------------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | - | Legal Entity | | |
| Smith Valley Ele | em | | | | | Flathead | | 0324 | | |
| High School or K-12 D | istrict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attaction: Section | 20-10-142, MCA | , provides for | | | | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Public Instruction. (10. | · | J | , | | Stud | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | | portation Con | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Stud | dent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | ☐ 2nd Semester Onl | y □ Both Se | mesters | |
| Catherine R. Ba | ier | | | | Pre | kindergarten/Kinder | rarten | • | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Onl | y 🛛 Both Se | mesters | |
| | | | | | | DERGARTEN/PRE | | | | |
| Distance from home Elementary 0 | to nearest so | hool (one wa | ay) | | Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week | | | | | |
| Distance from home Elementary 7 | to nearest bu | ıs stop, if an | y (one way) | | Kind | dergarten child ride | times per day, _ s <u>without</u> other scho times per day, _ | ol-age student | ts: | |
| □ Contract is for o | ne-way only | | | | To c | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | • • | the students to b | be covered by thi | s contract. | Dea | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAR | RENTS: Due to Scho | ool Clerk June 1. | | | |
| De suden Trene | Total | Total | Total | Total | CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | | |
| Regular Trans Spec. Ed. Trans | | | | | | JNTY SUPERINTEN of for your files. | IDENTS: Send origina | al to OPI by July | / 10, retain a | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATF | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deterr | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | <u> </u> | ' | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | ······································ | |
| (county name) | | | | County hereina | ofter referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | dian assures that a lie | censed and | |
| In March and June | , the District shall p | | | | | nce reported on the contractification by the teacher or pr | ct actually occurs. rincipal of the school of the nu | mber of days the stu | ident(s) was | |
| transported for the 3. The payment shall 4 This contract shall | be computed on th | e basis of the so | chedule establish | ed in Section 20-10- | -142, MCA, and | the information accompany | ing this contract. | | | |
| Elementary School | | | ard of Truste | | is no longer enrolled in school, whichever occurs first. Date | | | | | |
| Smith Valley Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| - | | | | | | | | | | |
| Signoture Desert | Guardian | | I attes | that the above | information | is true and correct. | Data | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | Due to School Clerk June 1 | | | | | |
|---|--------------------------------------|----------------------------------|---------------------------------|------------------------|---|---|--|-------------------------------|----------------|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | ınty | <u> </u> | Legal Entity | | |
| Smith Valley Ele | -m | | | | Fla | athead | | 0324 | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | ract | | inty | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | <u> </u> | | | <u>'</u> | | |
| Are you applying for | | | □ No | | Student | Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section 2 | h explanation) 20-10-142, MCA | A, provides for | increased reir | nbursement | | 101110 | 3011001 | | Orduo | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10. | lual circumstand the county trans | ces must be re sportation com | viewed and ap mittee, and th | proved by the | Student | Name | School | | Grade | |
| Check here only if incre | • | J | ŕ | uproved by the | Student | Name | School | | Grade | |
| District Trustees and th | | portation Con | nmittee. | proved by the | | | | | | |
| Elem District Approval | | □ no | itials | | Student | Name | School | | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1 | -12 emester Only | □ 2nd Semester Only | y □ Both Se | mesters | |
| Eugene Garriso | n | | | | | • | • | , = 2000 | | |
| Physical Address (s | | only): | | | | ergarten/Kinder emester Only | gaπen □ 2nd Semester Onl | y □ Both Se | mesters | |
| | | | | | KINDER | GARTEN/PRE | KINDERGARTEN: | | | |
| Distance from home Elementary 6 | e to nearest so HS 0 | hool (one w | ay) | | Kinderg by this o To or fro | arten child ride contract: m Bus Stop | es <u>with</u> other school-a times per day, _ times per day, _ | day | s per week | |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderg | arten child ride | es <u>without</u> other scho times per day, _ times per day, _ | ol-age studen | ts: | |
| ☐ Contract is for or | , , | | | | | | po. day, _ | | о рол поол | |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | <u>Deadli</u> PARENT | nes: ' S : Due to Sch | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | I to County Supt by July | y 1, retain a co _l | py for your | |
| Regular Trans | | | | | | / OUDED INTEN | IDENITO 0 1 1 1 1 | 00 | 40 | |
| Spec. Ed. Trans | | | | | | your files. | IDENTS: Send origina | ii to OPI by July | / 10, retain a | |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | and sch | ool district (dist | rict name) | | | |
| | , p (p | | | | | | | | , | |
| (county name) The parties agree as follow | | | | - | fter referred to a | | | : 4b-4 - 1: | | |
| insured driver will to | ransport the stude | nts. Mileage cor | ntracts are valid o | only when transportati | ion for the distance re | ported on the contra | n session. The parent or guard ct actually occurs. rincipal of the school of the nur | | | |
| transported for the | past semester. | • | • | | ation upon certification 142, MCA, and the inf | | · | mber or days the stu | ucii(s) Was | |
| This contract shall | terminate at the er | d of the school | year or when the | student(s) is no longe | er enrolled in school, | | | Data | | |
| Elementary School Smith Valley Elem | | , | ard of Truste | | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | l attes | t that the above | information is tru | ue and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |
| | | | | | | | İ | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|--|---|---|---|--|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | | |
| Smith Valley Ele | em | | | | F | - lathead | | 0324 | | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | rsing the Conf | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mbursement | Studer | nt Name | School | | Grade | |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of residen ces must be rev sportation comi | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Studer | nt Name | School | | Grade | |
| Check here only if incredit in | eased payment | due to isolation | n has been ap | pproved by the | Studer | nt Name | School | | Grade | |
| Elem District Approval | | □ no | tials | | Studer | nt Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grade □ 1st | s 1-12 Semester Only | □ 2nd Semester On | ly □ Both Seme | esters | |
| Jack & Sharon I | Hagel | | | | Pre-kir | ndergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly 🗆 Both Seme | esters | |
| Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kinde by this To or f To or f Kinde To or f To or f To or f To or f Count CLER files. COUN | rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop from School Illines: NTS: Due to Sch KS: Send origina ITY SUPERINTEN or your files. | times per day, times | days p days p days p col-age students: days p days p days p | er week er week er week er week | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: unsport or provide to ransport the studenthe District shall past semester. be computed on the | transportation for nts. Mileage confo oay the parent the ne basis of the sc | the student(s) t tracts are valid of sum officially a hedule establish | o and from the school only when transportati approved in the applicated and in Section 20-10-1 | fter referred to l or bus stop on the ion for the distance ation upon certifica 142, MCA, and the | e reported on the contra | s session. The parent or guar ct actually occurs. rincipal of the school of the ni | | | |
| Elementary School | | | rd of Truste | | c. omonou m sollo | o., armonovoi occurs ilis | | Date | | |
| Smith Valley Elem High School District | | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | I | Lattes | t that the above | information is | true and correct. | | 1 | | |
| Signature - Parent or | Guardian | | 7 41103 | at the above | | and direction | Date | | | |
| | | | | | | | Ī | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|--|---|---|---|--|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | | |
| Smith Valley Ele | em | | | | F | - lathead | | 0324 | | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | rsing the Conf | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mbursement | Studer | nt Name | School | | Grade | |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of residen ces must be rev sportation comi | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Studer | nt Name | School | | Grade | |
| Check here only if incredit in | eased payment | due to isolation | n has been ap | pproved by the | Studer | nt Name | School | | Grade | |
| Elem District Approval | | □ no | tials | | Studer | nt Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grade □ 1st | s 1-12 Semester Only | □ 2nd Semester On | ly □ Both Seme | esters | |
| Jack & Sharon I | Hagel | | | | Pre-kir | ndergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly 🗆 Both Seme | esters | |
| Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kinde by this To or f To or f Kinde To or f To or f To or f To or f Count CLER files. COUN | rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop from School Illines: NTS: Due to Sch KS: Send origina ITY SUPERINTEN or your files. | times per day, times | days p days p days p col-age students: days p days p days p | er week er week er week er week | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: unsport or provide to ransport the studenthe District shall past semester. be computed on the | transportation for nts. Mileage confo oay the parent the ne basis of the sc | the student(s) t tracts are valid of sum officially a hedule establish | o and from the school only when transportati approved in the applicated and in Section 20-10-1 | fter referred to l or bus stop on the ion for the distance ation upon certifica 142, MCA, and the | e reported on the contra | s session. The parent or guar ct actually occurs. rincipal of the school of the ni | | | |
| Elementary School | | | rd of Truste | | c. omonou m sollo | o., armonovoi occurs ilis | | Date | | |
| Smith Valley Elem High School District | | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | I | Lattes | t that the above | information is | true and correct. | | 1 | | |
| Signature - Parent or | Guardian | | 7 41103 | at the above | | and direction | Date | | | |
| | | | | | | | Ī | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 |)-2501 | | Du | e to School | Clerk June 1 | | | |
|---|--------------------------------------|-----------------------------------|-----------------------------|--------------------------|-----------------------------------|--|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | |
| Smith Valley Ele | em | | | | 1, | Flathead | | 0324 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Stude | nt Name | School | Grade | |
| (If yes, please attac | 20-10-142, MCA | A, provides for | increased rein | mbursement | | | | | |
| rates for special circun increased rates, individ trustees of the district, | dual circumstand the county trans | ces must be re- sportation com | viewed and apmittee, and th | pproved by the | Stude | nt Name | School | Grade | |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | n has been ap | pproved by the | Stude | nt Name | School | Grade | |
| District Trustees and the | • | Ini | mittee. tials | | Stude | nt Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes □ | □ no □ no | | | | | | Ciudo | |
| County Approval Parent or Guardian | | no e Print) | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| | | O 1 1111t/ | | | □ 1st | Semester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Thomas Holling Physical Address (s | treet address | only): | | | | ndergarten/Kinder | | / □ Both Semesters | |
| | | | | | | • | · | | |
| Distance from home Elementary 7.7 | HS 0 | · | | | Kinde by thi To or | rgarten child ride s contract: from Bus Stop | times per day, _ | ge students also covered days per week days per week | |
| Distance from home Elementary 0 | to nearest bu HS 0 | us stop, if any | (one way) | | Kinde To or | rgarten child ride | es <u>without</u> other school times per day, | days per week ol-age students: days per week days per week days per week | |
| □ Contract is for o | ne-way only | | | | | | times per day, _ | days per week | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | Ilines: NTS: Due to Scho | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | / 1, retain a copy for your | |
| Regular Trans | | | | | | ITV 011DEDINITEN | | | |
| Spec. Ed. Trans | | | | | | or your files. | IDENIS: Send origina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | Poimbi | ursement rate is determ | ninod by | |
| Contingency Spec. Ed. Contin. | | | | | | Kelilibi | 20-10-142, MCA. | inled by | |
| opeo. Lu. contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | school district (distr | rict name) | ······································ | |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | ter referred to | as the District(s). | | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid of | only when transportation | on for the distance | e reported on the contract | ct actually occurs. | an assures that a licensed and | |
| transported for the | past semester. | | • | | · | ation by the teacher or posi- information accompany | • | nber of days the student(s) was | |
| | terminate at the er | nd of the school y | | student(s) is no longe | | ol, whichever occurs firs | | Date | |
| Smith Valley Elem | | , | | | | | | | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Di | ue to School C | Clerk June 1 | | | |
|--|------------------------------|-------------------|------------------|-----------------------|-----------------------------|----------------------------------|---|----------------------|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | Co | ounty | <u> </u> | Legal Entity | |
| Pleasant Valley | Elem | | | | FI | athead | | 0325 | |
| High School or K-12 Di | istrict Responsit | ole for Reimbu | rsing the Conf | tract | | ounty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for (If yes, please attacl | | | □ No | | Student | Name | School | | Grade |
| ISOLATION: Section 2 | 20-10-142, MCA | A, provides for | | | | | | | |
| rates for special circum increased rates, individual trustees of the district, | lual circumstand | es must be re | viewed and ap | oproved by the | Student | Name | School | | Grade |
| Public Instruction. (10.7) | | | | c office of | Student | Name | School | | Grade |
| Check here only if incre District Trustees and th | | | | proved by the | Student | Name | School | | Grade |
| Elem District Approval | □ yes | In □ no | itials | | Student | Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | ONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades □ 1st S | 1-12 semester Only | □ 2nd Semester Only | y □ Both Se | mesters |
| Gale Stevens | | | | | Pre-kind | dergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y 🛛 Both Se | mesters |
| | | | | | | | KINDERGARTEN: | | |
| Distance from home | | hool (one wa | ay) | | by this | contract: | es <u>with</u> other school-a | _ | |
| Elementary 5 | HS 0 | | | | To or fro | om Bus Stop om School | times per day, _ times per day, | day | s per week s per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderg To or fro | garten child ride om Bus Stop | times per day, _ es <u>without</u> other scho times per day, times per day, _ | ol-age studen day | ts: s per week |
| ☐ Contract is for or | ne-way only | | | | To or fro | om School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | <u>Deadl</u> | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | to County Supt by July | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN your files. | IDENTS: Send origina | ıl to OPI by Jul | / 10, retain a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | | | <u> </u> | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and scl | hool district (dist | rict name) | | ······································ |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred to a | as the District(s). | | | |
| insured driver will to | ransport the studer | nts. Mileage cor | tracts are valid | only when transportat | ion for the distance r | eported on the contra | | | |
| transported for the | past semester. | • | • | | · | on by the teacher or p | rincipal of the school of the nur | mper of days the stu | .aent(s) was |
| | terminate at the er | d of the school | | student(s) is no long | | , whichever occurs firs | | Date | |
| Pleasant Valley Eler | m | , | | | | | | | |
| High School District | | Chair, Boa | ard of Truste | ८ ७ | | | | Date | |
| | | | I attes | t that the above | information is to | rue and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Di | ue to School C | Clerk June 1 | | | |
|---|---|-------------------|------------------|-----------------------|-----------------------------|----------------------------------|---|----------------------|--------------------------|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | Co | ounty | I | Legal Entity | |
| Pleasant Valley | Elem | | | | FI | lathead | | 0325 | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Conf | tract | Co | ounty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Student | Name | School | | Grade |
| (If yes, please attach | 20-10-142, MCA | A, provides for | | | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand | es must be re | viewed and ap | oproved by the | Student | Name | School | | Grade |
| Public Instruction. (10.7 | | | | 0 011100 01 | Student | Name | School | | Grade |
| Check here only if incre District Trustees and th | | | | proved by the | Student | Name | School | | Orace |
| Elem District Approval | | In □ no | itials | | Student | Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | ONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades □ 1st S | 1-12 Semester Only | □ 2nd Semester Only | y 🗆 Both Se | emesters |
| Harold Maxey | | | | | Pre-kind | dergarten/Kinder | garten | | |
| Physical Address (st | treet address | only): | | | | | ☐ 2nd Semester Only | y 🛘 Both Se | mesters |
| | | | | | | | KINDERGARTEN: | | .1 |
| Distance from home | | hool (one wa | ay) | | by this | contract: | es <u>with</u> other school-a | _ | |
| Elementary 6 | HS 0 | | | | To or fro | om Bus Stop om School | times per day, _ times per day, | day day | s per week s per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderg To or fro | garten child ride om Bus Stop | times per day, _es without other scho times per day, _ times per day, _ | ol-age studen day | ts: s per week |
| □ Contract is for or | ne-way only | | | | To or fro | om School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | Deadl | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | I to County Supt by July | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN your files. | IDENTS: Send origina | ıl to OPI by Jul | y 10, retain a |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | _ | | <u> </u> | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and sc | hool district (dist | rict name) | | , |
| (county name) The parties agree as follow | /S: | | | County, hereina | fter referred to a | as the District(s). | | | |
| The parent shall tra insured driver will tra | nsport or provide t ansport the studer | nts. Mileage cor | tracts are valid | only when transportat | ion for the distance r | eported on the contra | | | |
| transported for the | past semester. | • | • | | · | on by the teacher or p | rincipal of the school of the nur | mber of days the stu | ident(s) was |
| | terminate at the er | d of the school | | student(s) is no long | | , whichever occurs firs | | Date | |
| Pleasant Valley Eler | n | , | | | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | l attes | t that the above | information is t | rue and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|---------------------------------------|---|--------------------------|--|--|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | | County | <u> </u> | Legal Entity | | |
| Pleasant Valley | Elem | | | | | Flathead | | 0325 | | |
| High School or K-12 D | istrict Responsib | ole for Reimbur | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ition of residences must be revenued. | ce. In order to iewed and appointed, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | ials | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters | | |
| Sharon Salyer Physical Address (s | troot address | only): | | | | -kindergarten/Kinder | | | | |
| Friysical Address (s | lieel address | Offig). | | | □ 1 | st Semester Only | □ 2nd Semester On | ly Doth Semesters | | |
| Distance from home Elementary 6.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | ıs stop, if any | (one way) | is contract. 9-12 Total | Kinder State | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, | days per week days per week days per week cool-age students: days per week days per week days per week days per week | | |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July 10, retain a | | |
| Room & Board Correspondence | | | | | • | RE | IMBURSEMENT R | | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by | | |
| (county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to In March and June transported for the The payment shall This contract shall Elementary School | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. | | | | | | | | | |
| Pleasant Valley Ele High School District | | Chair, Boar | rd of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| Signature - Parent or | Guardian | | I attes | t that the above i | ıntormation | is true and correct. | Date | | | |
| orginature - Parent of | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | , MT 59620- | | | | | | | | | |
|--|--|--------------------------------|---|---------------|---|--|---|--|------------------|--|
| Elementary District Respo | onsible for Rei | imbursing the | Contract | | | County | | Legal Entity | | |
| Somers Elem | | | | | | Flathead | | 0327 | | |
| High School or K-12 Distr | rict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shared ☐ yes ☐ no | between ele | ementary ar | nd high schoo | ol? | | | | | | |
| Are you applying for is | | | □ No | | Stud | lent Name | School | Grac | le. | |
| (If yes, please attach e ISOLATION: Section 20- | explanation) -10-142, MCA | , provides for | increased rein | nbursement | 0.0. | | 3333. | 0.00 | | |
| rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1 | al circumstance county trans | es must be re portation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | Grad | de | |
| Check here only if increase District Trustees and the | sed payment o | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grac | le | |
| Elem District Approval HS District Approval | | Ini no | itials | | | lent Name | School | Grac | de | |
| | | no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | | |
| Parent or Guardian Na | ame: (Please | e Print) | | | | st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Wendy Rhoades Physical Address (stre | et address o | only): | | | | kindergarten/Kinderg st Semester Only | | / □ Both Semesters | | |
| Distance from home to Elementary 14.8 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 o nearest bus HS 0 -way only | s stop, if an | y (one way) De covered by this 1-8 Total | 9-12 Total | Eximite the point of the point | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files. RE | times per day, times per day, times per day, times per day, swithout other school times per day, to County Supt by July DENTS: Send origina IMBURSEMENT RATICL, county and OPI present rate is determ 20-10-142, MCA. | days per wee days per wee days per wee days per wee of the days per wee days per we | k k k k | |
| (county name) The parties agree as follows: 1. The parent shall trans; insured driver will tran 2. In March and June, the transported for the pat 3. The payment shall be 4. This contract shall terre | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | | | | | | | | | |
| High School District | | Chair, Boa | ard of Trustee | es | | | | Date | | |
| I attest that the above inf | | | | | information | is true and correct. | | l | | |
| Signature - Parent or Gu | uardian | | . 3 | | | | Date | | | |
| | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 | -2501 | | Di | ue to Scho | ol Clerk June 1 | | | | |
|---|--------------------------------------|---------------------------------|--------------------------------|----------------------|--|---|---|-------------------------|--|--|
| Elementary District Re | sponsible for Re | imbursing the | Contract | | | County | 1 | Legal Entity | | |
| Bigfork Elem | | | | | | Flathead | | 0330 | | |
| High School or K-12 D | istrict Responsit | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | |
| (If yes, please attack ISOLATION: Section 2 | 20-10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circum increased rates, individ trustees of the district, | lual circumstand the county trans | es must be re sportation com | viewed and apmittee, and the | proved by the | Stud | dent Name | School | | Grade | |
| Public Instruction. (10. | · | J | , | | Stud | dent Name | School | | Grade | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | □ yes □ | Ini □ no | tials | | Stud | dent Name | School | | Grade | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters | |
| Lisa Reid | | | | | | · | • | , | | |
| Physical Address (s | treet address | only): | | | | kindergarten/Kinderg st Semester Only | garten □ 2nd Semester Onl | y 🗆 Both Se | mesters | |
| | | | | | KIN | DERGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home Elementary 0 | to nearest sc HS 0 | hool (one wa | ay) | | Kind by t | dergarten child ride his contract: | times per day, _ times per day, _ | _ | | |
| Distance from home Elementary 12 | to nearest bu | ıs stop, if an | y (one way) | | Kin d To d | dergarten child ride or from Bus Stop | es <u>without</u> other scho times per day, _ | ol-age student | ts: s per week | |
| □ Contract is for o | ne-way only | | | | To o | or from School | times per day, _ | days | s per week | |
| Students in Each Grade Le | | the students to b | be covered by thi | s contract. | | adlines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PARENTS: Due to School Clerk June 1. | | | | | |
| | Total | Total | Total | Total | CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | | |
| Regular Trans | | | | | | | IDENTO Condition | older ODI bere bed | . 40 | |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS: Send origina | al to OPI by July | 7 TU, retain a | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | | |
| Correspondence | | | | | | | rict, county and OPI | | | |
| Reg. | | | | | | | | | | |
| Contingency | | | | | | Reimbu | ursement rate is detern 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, IVIOA. | | | |
| | | | | | | | | | | |
| Agreement between | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | | ······································ | |
| (county name) | | | (| Countv. hereina | fter referred | to as the District(s). | | | | |
| The parties agree as follow | | ransportation for | | • | | ` ' | session. The parent or guard | lian assures that a lic | censed and | |
| In March and June, | , the District shall p | | | | | nce reported on the contract fication by the teacher or po | ct actually occurs. rincipal of the school of the nu | mber of days the stu | dent(s) was | |
| transported for the 3. The payment shall | be computed on th | e basis of the so | chedule establish | ed in Section 20-10- | 142, MCA, and | the information accompany | ing this contract. | | | |
| Elementary School | | | rear or when the ard of Truste | | is no longer enrolled in school, whichever occurs first. Date | | | | | |
| Bigfork Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | | | | | | |
| 01 | | | I attes | that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|---|---|------------------------------------|-----------------------------|-------------------------|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | |
| High School or K-12 D | istrict Responsil | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity | | |
| Whitefish H S | | | | | | Flathead | | 0335 | | |
| Is this contract shar | ed between el | ementary an | d high scho | ol? | | | | <u> </u> | | |
| □ yes□ noAre you applying fo | r isolation stat | us? □ Yes | □ No | | | | | | | |
| (If yes, please attaction is please attaction) (ISOLATION: Section rates for special circur | h explanation) 20-10-142, MCA |) A, provides for | increased reir | mbursement o receive | | ent Name | School | Grade | | |
| increased rates, individual trustees of the district, Public Instruction. (10.) | dual circumstand the county trans | ces must be rev sportation comi | viewed and apmittee, and th | oproved by the | Stude | ent Name | School | Grade | | |
| Check here only if incomplistrict Trustees and t | | sportation Com | mittee. | proved by the | Stude | ent Name | School | Grade | | |
| Elem District Approval | | □ no | tials | | Stude | ent Name | School | Grade | | |
| HS District Approval County Approval | • | □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Carol Erickson | | | | | Pre-k | indergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | ☐ 1s | t Semester Only | ☐ 2nd Semester Only | y Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o | HS 0 e to nearest bu HS 5 | · | • / | | Kind by th To or To or Kind To or | is contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day,times per day,times per day,times per day,s without other schooltimes per day, | days per week days per week days per week ol-age students: days per week days per week days per week | | |
| Students in Each Grade L | | the students to b | e covered by th | is contract. | Dea | dlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | | ENTS: Due to Sch | ool Clerk June 1. | | | |
| D | Total | Total | Total | Total | CLEI files. | RKS: Send origina | I to County Supt by July | y 1, retain a copy for your | | |
| Regular Trans Spec. Ed. Trans | | | | | | NTY SUPERINTEN for your files. | IDENTS: Send origina | I to OPI by July 10, retain a | | |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | school district (dist | rict name) | ······································ | | |
| | ansport or provide | | the student(s) to | o and from the school | or bus stop on t | | session. The parent or guard | ian assures that a licensed and | | |
| In March and June transported for the | , the District shall p past semester. | pay the parent the | sum officially a | pproved in the applica | ation upon certifi | ce reported on the contra cation by the teacher or p ne information accompan | rincipal of the school of the nur | nber of days the student(s) was | | |
| This contract shall | terminate at the er | nd of the school y | | student(s) is no longe | | ool, whichever occurs firs | | Date | | |
| Elementary School | | , | | | | | | | | |
| High School District Whitefish H S | · | Chair, Board of Trustees | | | | | | Date | | |
| | | | I attes | t that the above i | information i | s true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|---|--|---------------------------------|-----------------------------|------------------|---|--|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | 1 | County | | Legal Entity | | |
| History 1 and 1 40 F | ************************************** | the feet Desired | | | | 0 | | 115.00 | | |
| High School or K-12 D | istrict Responsi | ole for Reimbur | sing the Con | ract | | County | | Legal Entity | | |
| Whitefish H S | and between a | lamantan, an | d bigb oobo | al2 | | Flathead | | 0335 | | |
| Is this contract shar ☐ yes ☐ no | ed between e | ementary and | a nign scho | OI? | | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation 20-10-142, MC/ |) A, provides for i | □ No | mbursement | Stude | nt Name | School | Grade | | |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be reversion community | viewed and apmittee, and th | proved by the | Stude | nt Name | School | Grade | | |
| Check here only if inconstruct Trustees and t | | sportation Com | mittee. | proved by the | Stude | nt Name | School | Grade | | |
| Elem District Approval | | □ no | ials | | Stude | nt Name | School | Grade | | |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Dennis & Betty | | | | | Pre-ki | ndergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Only | y □ Both Semesters | | |
| Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o | HS 15.3 e to nearest bu HS 0 | · | | | Kinde by thi To or To or Kinde To or | ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day,times per day,times per day,es without other schotimes per day, _ | days per week days per week days per week ol-age students: days per week days per week days per week | | |
| Students in Each Grade L | • • | the students to be | e covered by th | is contract. | Dead | dlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | | NTS: Due to Sch | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLER files. | KS: Send origina | I to County Supt by July | y 1, retain a copy for your | | |
| Regular Trans | | | | | | | NDENTS: Send origina | I to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | сору т | or your files. | | | | |
| Room & Board Correspondence | | | | | | | EIMBURSEMENT RA crict, county and OPI | | | |
| Reg. | | | | | | _ | | | | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | , | | | |
| Agreement between | n parent (pare | nt name) | | | , and s | school district (dist | rict name) | | | |
| (county name) | | | | | | o as the District(s) | | | | |
| The parties agree as follow | | transportation for | | • | | ` , | | ian assures that a licensed and | | |
| In March and June | , the District shall p | | | | | e reported on the contra ation by the teacher or p | | mber of days the student(s) was | | |
| | be computed on the | | | | | e information accompany | | | | |
| Elementary School | | | rd of Truste | | or crimoned III SCIIC | on, willionever occurs III. | | Date | | |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information is | true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| PO Bo | x 202501 a, MT 59620 | | | - | School Year 2005- 200 te to School Clerk Jun | ~ | | |
|--|-------------------------|------------|--------------|---------------|--|---|--------------------------------|--|
| Elementary District Responsible for Reimbursing the Contract | | | | | County | | Legal Entity | |
| High School or K-12 District Responsible for Reimbursing the Contract | | | | | County | | Legal Entity | |
| Whitefish H S | | | | | Flathead | | 0335 | |
| Is this contract shared between elementary and high school? ☐ yes ☐ no | | | | | | | | |
| Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation) | | | | | Student Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) | | | | | Student Name | School | Grade | |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Student Name | School | Grade | |
| Initials Elem District Approval □ yes □ no HS District Approval □ yes □ no | | | | | Student Name | School | Grade | |
| County Approval | | | | | THIS CONTRACT IS FOR: Grades 1-12 | | | |
| Parent or Guardian Name: (Please Print) | | | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | |
| Jami Phillips Physical Address (street address only): | | | | | Pre-kindergarten/Kindergarten | | | |
| Physical Address (street address only). | | | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | |
| Distance from home to nearest school (one way) Elementary 0 HS 8.5 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 5 | | | | | KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week | | | |
| Contract is for one-way only | | | | | | | | |
| Students in Each Grade Level - Only include the students to be covered by this contract. | | | | | | to School Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send of files. | original to County Supt by Ju | ıly 1, retain a copy for your | |
| Regular Trans | | | | | | | al to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | | | copy for your files | | | |
| Room & Board Correspondence | | | | | (F | REIMBURSEMENT R or district, county and OP | | |
| Reg. Contingency | | | | | | Reimbursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | |
| Agreement between parent (parent name), and school district (district name), | | | | | | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 1. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. | | | | | | | | |
| Elementary School District Chair, Board of Trustees | | | | | S. HOHOU III SOHOOI, WHICHEVEL U | 555.5 mot. | Date | |
| High School District Chair, Board of Trustees Whitefish H S | | | | | | Date | | |
| I attest that the above information is true and correct. | | | | | | | | |
| Signature - Parent or Guardian Date | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | | |
|--|---|-----------------------------|-----------------------------|----------------------------|-----------------------|--|--|---|--|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | 1 | Legal Entity | | | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | tract | (| County | | Legal Entity | | | |
| Whitefish H S | | | | | | Flathead | | 0335 | | | |
| Is this contract shar | ed between el | ementary and | d high scho | ol? | | | | <u> </u> | | | |
| □ yes□ noAre you applying fo | r isolation stati | us? □ Yes | □ No | | - | | | | | | |
| (If yes, please attac ISOLATION: Section rates for special circum | h explanation) 20-10-142, MCA | A, provides for i | increased rei | mbursement | | nt Name | School | Grade | | | |
| increased rates, individual trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be reversion comme | viewed and a nittee, and th | pproved by the | | nt Name | School | Grade | | | |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | pproved by the | Stude | nt Name | School | Grade | | | |
| Elem District Approval | | □ no | ials | | Stude | nt Name | School | Grade | | | |
| HS District Approval County Approval | • | □ no □ no | | | | CONTRACT IS FO | DR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Onl | y Both Semesters | | | |
| | Lynn A. Cherrington Physical Address (street address only): | | | | | ndergarten/Kinder Semester Only | | y □ Both Semesters | | | |
| | | | | | KINDI | ERGARTEN/PRE | KINDERGARTEN: | | | | |
| Distance from home Elementary 0 | e to nearest so HS 10 | chool (one wa | y) | | Kinde by thi | rgarten child ride s contract: | es <u>with</u> other school-a | days per week days per week days per week | | | |
| Distance from home Elementary 0 | e to nearest bu HS 4.8 | ıs stop, if any | (one way) | | Kinde To or | rgarten child ride from Bus Stop | es <u>without</u> other scho times per day, _ | ol-age students: days per week | | | |
| □ Contract is for o | ne-way only | | | | 10 or | rrom School | times per day, _ | days per week | | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | | dlines: NTS: Due to Sch | ool Clerk June 1. | | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | y 1, retain a copy for your | | | |
| Regular Trans | | | | | | ITY SUPERINTEN | IDENTS: Send origina | ıl to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | | | | or your files. | | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | | |
| Correspondence | | | | | | (. 5. 5.5) | and the second second second | , | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by | | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | | |
| | | - | | | | | | | | | |
| Agreement between | n parent (parei | nt name) | | | , and s | school district (dist | rict name) | , | | | |
| (county name) | | | | County, hereinaft | ter referred to | as the District(s) | | | | | |
| | ansport or provide t | | | | | e days when school is ir e reported on the contra | | ian assures that a licensed and | | | |
| In March and June transported for the | , the District shall p past semester. | pay the parent the | sum officially a | approved in the applica | ation upon certifica | ation by the teacher or p | rincipal of the school of the nu | mber of days the student(s) was | | | |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | e information accompany ol, whichever occurs first | | T = . | | | |
| Elementary School | | , | rd of Truste | | | | | Date | | | |
| High School District Whitefish H S | t | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | | I attes | t that the above i | information is | true and correct. | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 |)-2501 | Ι | Due to School Clerk June 1 | | |
|---|--|---|--|--|--|
| Elementary District Responsible for Re | eimbursing the Cor | ntract | County | | Legal Entity |
| Whitefish Elem | | | Flathead | | 0334 |
| High School or K-12 District Responsi | ble for Reimbursing | g the Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between e □ yes □ no | lementary and h | gh school? | · | | • |
| Are you applying for isolation stat | | □ No | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC/ |) A, provides for incr | eased reimbursement | | 3333. | 5.445 |
| rates for special circumstances of isola increased rates, individual circumstan- trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. ces must be review sportation committe | In order to receive yed and approved by the ee, and the Office of | Student Name | School | Grade |
| Check here only if increased payment | , and the second | • | Student Name | School | Grade |
| District Trustees and the County Trans | | ee. | | | |
| | □ no | | Student Name | School | Grade |
| | no | | THIS CONTRACT IS F | <u>OR:</u> | |
| Parent or Guardian Name: (Pleas | e Print) | | Grades 1-12 □ 1st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Cheri Allen | | | Pre-kindergarten/Kinde | rgarten | |
| Physical Address (street address | only): | | | ☐ 2nd Semester Only | y □ Both Semesters |
| | | | KINDERGARTEN/PRE | | |
| Distance from home to nearest so Elementary 14 HS 0 | chool (one way) | | by this contract: | | ge students also covered days per week days per week |
| Distance from home to nearest be Elementary 0 HS 0 | us stop, if any (o | ne way) | Kindergarten child rid To or from Bus Stop | es <u>without</u> other school times per day, _ | ol-age students: days per week |
| ☐ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include | the students to be co | vered by this contract. | Deadlines: | 101.1.1 | |
| Pre-K | K | 1-8 9-12 | PARENTS: Due to Sch | 1001 Clerk June 1. | |
| Total | Total | Total Total | CLERKS: Send origina files. | al to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | NDENTS: Cand origina | I to ODI by July 10 rotain a |
| Spec. Ed. Trans | | | copy for your files. | NDEN15: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | R | EIMBURSEMENT RA | ATE |
| Correspondence | | | (For dis | trict, county and OPI | use only) |
| Reg. | | | | | |
| Contingency | | | Reimb | oursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | , | • | | | |
| Agreement between parent (pare | nt name) | | , and school district (dis | trict name) | |
| (aquinti nama) | , | | , | , | |
| (county name) The parties agree as follows: | | | nafter referred to as the District(s) | | : |
| insured driver will transport the stude | nts. Mileage contract | s are valid only when transpor | ool or bus stop on the days when school is i tation for the distance reported on the contra | act actually occurs. | |
| transported for the past semester. | • | | olication upon certification by the teacher or | • | nder of days the student(s) was |
| This contract shall terminate at the el | nd of the school year | or when the student(s) is no lo | 0-142, MCA, and the information accomparinger enrolled in school, whichever occurs fir | ying this contract. st. | I.s. / |
| Elementary School District Whitefish Elem | Chair, Board | of Irustees | | | Date |
| High School District | Chair, Board | of Trustees | | | Date |
| | 1 | I attest that the above | ve information is true and correct. | | 1 |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 596 | 20-2501 | | Due 1 | to School Clerk June 1 | | |
|---|---|---|---|--|--|--|
| Elementary District Responsible for | Reimbursing the Co | ontract | | County | | Legal Entity |
| Whitefish Elem | | | | Flathead | | 0334 |
| High School or K-12 District Respon | sible for Reimbursi | ng the Contrac | et | County | | Legal Entity |
| | | | | | | |
| Is this contract shared between ☐ yes ☐ no | elementary and | high school? | | | | |
| Are you applying for isolation st | | □ No | | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, M | CA, provides for inc | | | | | |
| rates for special circumstances of is increased rates, individual circumsta trustees of the district, the county tra | inces must be revie | wed and appro | oved by the | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM pr | | | | Student Name | School | Grade |
| Check here only if increased payme District Trustees and the County Tra | insportation Commi | ttee. | oved by the | | 00.100. | 0.440 |
| Elem District Approval | Initia | | | Student Name | School | Grade |
| HS District Approval ☐ yes County Approval ☐ yes | □ no | | | THIS CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Plea | ase Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Chris & Pam Schuck | | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (street addres | ss only): | | | ☐ 1st Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | KINDERGARTEN/PRE | | ge students also covered |
| Distance from home to nearest Elementary 17.5 HS 0 | |) | | by this contract: | | |
| Distance from home to nearest | | ana waw) | | To or from School | times per day, _ | days per week |
| Elementary 0 HS 0 | bus stop, ii ariy (| one way) | | Kindergarten child ride To or from Bus Stop | es <u>without</u> other school times per day, _ | ol-age students: days per week days per week |
| □ Contract is for one-way only | | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only inclu | de the students to be o | covered by this co | ontract. | <u>Deadlines:</u> PARENTS: Due to Sch | ool Clerk June 1 | |
| Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | 1. retain a convitor vous |
| Regular Trans | Total | Total | Total | files. | i to County Supt by July | / 1, retain a copy for your |
| Spec. Ed. Trans | | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| | | | | copy for your files. | | ATE. |
| Room & Board | | | | | EIMBURSEMENT RA rict, county and OPI | |
| Correspondence | | | | | | |
| Reg. Contingency | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | 20-10-142, MCA. | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Agreement between parent (par | rent name) | | | , and school district (dist | rict name) | , |
| (county name) | | Co | untv. hereinafter | referred to as the District(s). | | |
| The parties agree as follows: 1. The parent shall transport or provided in the parent shall transport or provided in the parent shall transport or provided in the parties agree as follows: | | e student(s) to ar | nd from the school or t | ous stop on the days when school is ir | session. The parent or guardi | ian assures that a licensed and |
| In March and June, the District sha | dents. Mileage contra- ill pay the parent the si | cts are valid only um officially appro | when transportation for the oved in the application | or the distance reported on the contra n upon certification by the teacher or p | ct actually occurs. rincipal of the school of the nur | mber of days the student(s) was |
| | | | | MCA, and the information accompany | | |
| Elementary School District Whitefish Elem | Chair, Board | | | | | Date |
| High School District | Chair, Board | of Trustees | | | | Date |
| | | I attest th | nat the above info | ormation is true and correct. | | L |
| Signature - Parent or Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 596 | 20-2501 | | Due 1 | to School Clerk June 1 | | |
|---|---|---|---|--|--|--|
| Elementary District Responsible for | Reimbursing the Co | ontract | | County | | Legal Entity |
| Whitefish Elem | | | | Flathead | | 0334 |
| High School or K-12 District Respon | sible for Reimbursi | ng the Contrac | et | County | | Legal Entity |
| | | | | | | |
| Is this contract shared between ☐ yes ☐ no | elementary and | high school? | | | | |
| Are you applying for isolation st | | □ No | | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, M | CA, provides for inc | | | | | |
| rates for special circumstances of is increased rates, individual circumsta trustees of the district, the county tra | inces must be revie | wed and appro | oved by the | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM pr | | | | Student Name | School | Grade |
| Check here only if increased payme District Trustees and the County Tra | insportation Commi | ttee. | oved by the | | 00.100. | 0.440 |
| Elem District Approval | Initia | | | Student Name | School | Grade |
| HS District Approval ☐ yes County Approval ☐ yes | □ no | | | THIS CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Plea | ase Print) | | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Chris & Pam Schuck | | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (street addres | ss only): | | | ☐ 1st Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | KINDERGARTEN/PRE | | ge students also covered |
| Distance from home to nearest Elementary 17.5 HS 0 | |) | | by this contract: | | |
| Distance from home to nearest | | ana waw) | | To or from School | times per day, _ | days per week |
| Elementary 0 HS 0 | bus stop, ii ariy (| one way) | | Kindergarten child ride To or from Bus Stop | es <u>without</u> other school times per day, _ | ol-age students: days per week days per week |
| □ Contract is for one-way only | | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only inclu | de the students to be o | covered by this co | ontract. | <u>Deadlines:</u> PARENTS: Due to Sch | ool Clerk June 1 | |
| Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | 1. retain a convitor vous |
| Regular Trans | Total | Total | Total | files. | i to County Supt by July | / 1, retain a copy for your |
| Spec. Ed. Trans | | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| | | | | copy for your files. | | ATE. |
| Room & Board | | | | | EIMBURSEMENT RA rict, county and OPI | |
| Correspondence | | | | | | |
| Reg. Contingency | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | 20-10-142, MCA. | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Agreement between parent (par | rent name) | | | , and school district (dist | rict name) | , |
| (county name) | | Co | untv. hereinafter | referred to as the District(s). | | |
| The parties agree as follows: 1. The parent shall transport or provided in the parent shall transport or provided in the parent shall transport or provided in the parties agree as follows: | | e student(s) to ar | nd from the school or t | ous stop on the days when school is ir | session. The parent or guardi | ian assures that a licensed and |
| In March and June, the District sha | dents. Mileage contra- ill pay the parent the si | cts are valid only um officially appro | when transportation for the oved in the application | or the distance reported on the contra n upon certification by the teacher or p | ct actually occurs. rincipal of the school of the nur | mber of days the student(s) was |
| | | | | MCA, and the information accompany | | |
| Elementary School District Whitefish Elem | Chair, Board | | | | | Date |
| High School District | Chair, Board | of Trustees | | | | Date |
| | | I attest th | nat the above info | ormation is true and correct. | | L |
| Signature - Parent or Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School (| Clerk June 1 | | |
|--|--------------------------------|--------------------|------------------|--------------------------|----------------------------|------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Co | ounty | | Legal Entity |
| Whitefish Elem | | | | | F | lathead | | 0334 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Conf | tract | | ounty | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Student | t Name | School | Grade |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for | | | | | | |
| rates for special circun increased rates, individual trustees of the district, | dual circumstand | ces must be re- | viewed and ap | oproved by the | Student | t Name | School | Grade |
| Public Instruction. (10. | · | J | · | | Student | t Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | proved by the | | | | |
| Elem District Approval | • | □ no | tials ——— | | Student | t Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | ONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades □ 1st S | Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Dwayne Nesbit | | | | | Pre-kind | dergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1st S | Semester Only | ☐ 2nd Semester Only | □ Both Semesters |
| | | | | | | | (INDERGARTEN: | ge students also covered |
| Distance from home Elementary 11 | e to nearest so HS 0 | hool (one wa | ay) | | by this | contract: | | days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or fro Kinder | om School garten child ride | times per day, _ s without other school | days per week ol-age students: |
| □ Contract is for o | ne-way only | | | | To or fr | om School | times per day, | days per week days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | <u>Deadl</u> | | | |
| | Pre-K | K | 1-8 | 9-12 | PAREN | NTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLERK files. | (S: Send original | to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | COLINI | TY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | r your files. | DENTO: Ocha origina | |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimhi | ursement rate is determ | ined by |
| Contingency Spec. Ed. Contin. | | | | | | Reministra | 20-10-142, MCA. | inica by |
| | | | | | | | | |
| A | | -4 | | | | d 1 - di-4-i - 4 / - di - 4 | :-t | |
| Agreement betweer | i parent (parei | nt name) | | | | | rict name) | , |
| (county name) The parties agree as follow | | | | • | | as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportation | on for the distance | reported on the contract | et actually occurs. | an assures that a licensed and nber of days the student(s) was |
| transported for the | past semester. | | | | | information accompany | | ince of days the studefit(s) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | | I, whichever occurs firs | | Date |
| Whitefish Elem High School District | | , | rd of Truste | | | | | Date |
| r light derioof bistrict | · | Onall, Boa | ii a oi Tiusle | | | | | Date |
| | | | I attes | t that the above i | information is t | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | na, MT 59620 |)-2501 | | Dι | ue to Scho | ol Clerk June 1 | | |
|--|---|--|---|--|--|--|--|--|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| Whitefish Elem | | | | | | Flathead | | 0334 |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | • |
| Are you applying for | | | □ No | | Stud | lent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA |) A, provides for | increased rein | mbursement | | | 0011001 | 5.445 |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | stances of isola ual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to eviewed and ap amittee, and the | o receive oproved by the | Stud | lent Name | School | Grade |
| Check here only if incre | · | , , | , | proved by the | Stud | lent Name | School | Grade |
| District Trustees and th | e County Trans | sportation Con | | , | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | | □ no □ no | | | | | | Grade |
| | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | <u>DR:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Jennifer Borland | | | | | Pre- | kindergarten/Kinder | garten | |
| Physical Address (st | treet address | only): | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | y Both Semesters |
| Distance from home Elementary 14 Distance from home Elementary 0 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | Kind by the Too of Too of Kind Too of | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original of for your files. RESERVATION OF THE SCHOOL RE | times per day, tool Clerk June 1. | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will tr 2. In March and June, transported for the 3. The payment shall | rs: nsport or provide to ansport the stude the District shall past semester. be computed on the terminate at the er | transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school | r the student(s) to tracts are valid of e sum officially a chedule establish | County, hereinal o and from the school only when transportati pproved in the applica ned in Section 20-10- student(s) is no longer | fter referred I or bus stop on ion for the distal ation upon certil 142, MCA, and | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nui | ian assures that a licensed and mber of days the student(s) was |
| Whitefish Élem | 5 | , | | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, M | ит 59620-25 | 501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|---|----------------|----------------------------------|-------------------------|--|--|---|--|
| Elementary District Respon | sible for Reimb | oursing the | Contract | | | County | <u> </u> | Legal Entity |
| Whitefish Elem | | | | | | Flathead | | 0334 |
| High School or K-12 District | t Responsible f | for Reimbur | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shared b ☐ yes ☐ no | etween elem | entary and | d high schoo | ol? | | | | <u>'</u> |
| Are you applying for isol | | P □ Yes | □ No | | Stuc | dent Name | School | Grade |
| (If yes, please attach ex ISOLATION: Section 20-1 | planation) 0-142, MCA, pi | rovides for i | increased rein | nbursement | 0.00 | | 3333. | 0.000 |
| rates for special circumstan increased rates, individual of trustees of the district, the of Public Instruction. (10.7.116 | circumstances county transpor | must be rev | viewed and ap mittee, and the | proved by the | Stud | dent Name | School | Grade |
| Check here only if increase District Trustees and the Co | d payment due | e to isolation | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | | | tials | | | lent Name | School | Grade |
| County Approval | yes □ n | 10 | | | | <u>S CONTRACT IS FO</u> des 1-12 | OR: | |
| Parent or Guardian Nan | ne: (Please P | rint) | | | | st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Terry Sargent Physical Address (stree | t address onl | ly): | | | | kindergarten/Kinder st Semester Only | | / □ Both Semesters |
| □ Contract is for one-w Students in Each Grade Level - | HS 0 nearest bus s S 0 vay only Only include the | stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took Took Took Took Took Too | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS: | times per day, times per day, times per day, times per day, se without other school times per day, tool Clerk June 1. | days per week days per week days per week 7 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will transp 2. In March and June, the I transported for the past s 3. The payment shall be cc 4. This contract shall termin Elementary School Distri Whitefish Elem | an assures that a licensed and other of days the student(s) was | | | | | | | |
| High School District | | ∍nair, Boa | rd of Trustee | es | | | | Date |
| | | | l attest | that the above i | information | is true and correct. | | |
| Signature - Parent or Gua | rdian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Di | ue to School C | lerk June 1 | | | |
|---|------------------------------|-------------------|----------------------|--|-------------------------|---------------------------------|---|-----------------------|-------------------|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | Co | unty | <u> </u> | Legal Entity | |
| Marion Elem | | | | | FI | athead | | 0341 | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Conf | tract | | unty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Student | Name | School | | Grade |
| (If yes, please attach | 20-10-142, MCA | , provides for | | | | | | | |
| rates for special circum increased rates, individ | lual circumstand | es must be re | viewed and a | oproved by the | Student | Name | School | | Grade |
| trustees of the district, Public Instruction. (10.7) | | | | е Опісе от | | | | | |
| Check here only if incre District Trustees and th | | | | proved by the | Student | Name | School | | Grade |
| Elem District Approval | · | | itials | | Student | Name | School | | Grade |
| HS District Approval County Approval | □ yes □ | no | | | THIS CO | ONTRACT IS FO | DR: | | |
| Parent or Guardian | | | | | Grades | | 2nd Semester Only | v □ Both Se | emesters |
| Holly O'Dell | | | | | | • | • | y Bourec | anicotoro |
| Physical Address (st | treet address | only): | | | | ergarten/Kinder emester Only | garten | y 🗆 Both Se | emesters |
| | | | | | | | KINDERGARTEN: | | |
| Distance from home | to nearest so | hool (one wa | ay) | | Kinderg by this | arten child ride contract: | es <u>with</u> other school-a | age students a | ilso covered |
| Elementary 4 | HS 0 | | | | To or fro | m Bus Stop | times per day, _ | day | s per week |
| Distance from home Elementary 0 | to nearest bu HS 0 | is stop, if an | y (one way) | | Kinderg To or fro | arten child ride | times per day, _es without other scho times per day, _ times per day, _ | ol-age studen | ts: s per week |
| □ Contract is for or | ne-way only | | | | To or fro | m School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | Deadli BAREN | | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | I to County Supt by July | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN your files. | IDENTS: Send origina | ıl to OPI by Jul | y 10, retain a |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | | | <u> </u> | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and sch | nool district (dist | rict name) | | , |
| (county name) The parties agree as follow | /s: | | | County, hereinat | fter referred to a | s the District(s). | | | |
| insured driver will tr | ransport the studer | nts. Mileage cor | ntracts are valid of | only when transportati | ion for the distance re | eported on the contra | session. The parent or guard ct actually occurs. | | |
| transported for the | past semester. | | | pproved in the applicated in Section 20-10-7 | | | rincipal of the school of the nur | niber of days the stu | iuent(s) was |
| | terminate at the er | d of the school | | student(s) is no longe | | | | Date | |
| Marion Elem High School District | | , | | | | | | | |
| Tilgii School District | | Chail, BO | ard of Truste | | | | | Date | |
| | | | I attes | t that the above | information is tr | ue and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | , MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|--|----------------------------------|--|----------------------------------|----------------------------|--------------------------------------|---|--|-------------------------|--------------------------|--|
| Elementary District Resp | onsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| Marion Elem | | | | | | Flathead | | 0341 | | |
| High School or K-12 Dist | rict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shared □ yes □ no | l between ele | ementary an | d high school | ol? | | | | | | |
| Are you applying for is | | | □ No | | Stud | lent Name | School | | Grade | |
| (If yes, please attach or ISOLATION: Section 20 | -10-142, MCA | , provides for | | | 1 | | | | | |
| rates for special circumst increased rates, individual trustees of the district, the | al circumstanc e county trans | es must be re portation com | viewed and ap mittee, and the | proved by the | Stud | lent Name | School | | Grade | |
| Public Instruction. (10.7.1 | · | , and the second | ŕ | | Stud | lent Name | School | | Grade | |
| Check here only if increa District Trustees and the | | portation Com | mittee. | proved by the | | | | | | |
| Elem District Approval | | no | tials | | Student Name School Grade | | | | | |
| | | no no | | | THIS CONTRACT IS FOR: | | | | | |
| Parent or Guardian Na | ame: (Please | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y □ Both Se | mesters | |
| Julie Holmes | | | | | Pre- | kindergarten/Kinderg | parten | | | |
| Physical Address (stre | eet address o | only): | | | | | ☐ 2nd Semester Onl | y 🛛 Both Se | mesters | |
| | | | | | | DERGARTEN/PREM | | | | |
| Distance from home to Elementary 8 | o nearest scl HS 0 | hool (one wa | ay) | | bv t | his contract: | es <u>with</u> other school-a | _ | | |
| Distance from home to nearest bus stop, if any (one way) | | | | Kin | dergarten child ride | times per day, _ times per day, _ s <u>without</u> other scho | ol-age student | ts: | | |
| , | HS 0 | | | | To o | or from Bus Stop or from School | times per day, _ times per day, _ | days days | s per week s per week | |
| ☐ Contract is for one Students in Each Grade Leve | | the students to h | ne covered by thi | e contract | | adlines: | | | | |
| Students in Each Grade Eeve | | | | - | | RENTS: Due to Scho | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE files | | to County Supt by Jul | y 1, retain a cop | by for your | |
| Regular Trans | | | | | COL | JNTY SUPERINTEN | IDENTS: Send origina | al to OPI by July | / 10 retain a | |
| Spec. Ed. Trans | | | | | | for your files. | | | , | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | Dairelle | | in-ad bu | | |
| Contingency Spec. Ed. Contin. | | | | | | Reillibi | ursement rate is deterr 20-10-142, MCA. | Tillled by | | |
| opec. Lu. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement between p | arent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | |
| (county name) | | | (| County, hereina | after referred | to as the District(s). | | | | |
| The parent shall trans | port or provide to | | | | | the days when school is in | session. The parent or guard actually occurs. | dian assures that a lie | censed and | |
| In March and June, the transported for the pa | e District shall past semester. | ay the parent the | e sum officially a | pproved in the applic | cation upon certi | fication by the teacher or pr | incipal of the school of the nu | imber of days the stu | dent(s) was | |
| This contract shall ter | minate at the en | d of the school y | ear or when the | student(s) is no long | -142, MCA, and ger enrolled in so | the information accompany shool, whichever occurs firs | ing tnis contract. t. | T D-4- | | |
| Elementary School Di Marion Elem | strict | Chair, Boa | ard of Truste | es | | | | Date | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or G | uardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006

Due to School Clerk June

Contract #

| Heler | na, MT 59620 | -2501 | | D | ue to Scho | ol Clerk June 1 | | | | | |
|--|--|---|--|-----------------------------|--------------------------------------|--|---|-------------------------|---------------------------------|--|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | County | | | Legal Entity | | | |
| Marion Elem | | | | | | Flathead | | 0341 | | | |
| High School or K-12 Di | strict Responsib | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | d high school | ol? | | | | <u>'</u> | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | | Grade | | |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | 1 | ioni ramo | Concor | | Orado | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7 | nstances of isola lual circumstance the county trans | tion of resider es must be re portation com | nce. In order to viewed and ap mittee, and the | o receive oproved by the | Stud | dent Name | School | | Grade | | |
| Check here only if incre District Trustees and th | eased payment | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | | Grade | | |
| Elem District Approval | | | tials | | Stud | lent Name | School | | Grade | | |
| HS District Approval | □ yes □ | no | | | TU! | THIS CONTRACT IS FOR: | | | | | |
| County Approval Parent or Guardian | | no | | | Gra | des 1-12 | <u> </u> | | | | |
| | rtamo: (i lodo | 0 1 mm, | | | □ 1 | st Semester Only | □ 2nd Semester On | ly ☐ Both Se | mesters | | |
| Sharon Palmer Physical Address (st | treet address | onlv): | | | | kindergarten/Kinder | garten □ 2nd Semester On | ly Roth So | moetore | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - 37 | | | | • | | iy 🗆 bolii se | IIICSICIS | | |
| Distance from home Elementary 0 Distance from home Elementary 8 | HS 0 | ` | | | Kind by t To d To d Kind | his contract: or from Bus Stop or from School dergarten child ride | times per day, times per day, times per day, es without other scho | days | s per week s per week ts: | | |
| · | | | | | To | or from School | times per day, times per day, | days | s per week | | |
| ☐ Contract is for or Students in Each Grade Le | , , | the students to t | ne covered by thi | s contract. | Dea | adlines: | | | | | |
| | | | | | PAF | RENTS: Due to Sch | ool Clerk June 1. | | | | |
| D | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE files | | to County Supt by Jul | ly 1, retain a cop | by for your | | |
| Regular Trans Spec. Ed. Trans | | | | | | JNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July | / 10, retain a | | |
| Room & Board | | | | | | RE | EIMBURSEMENT R | ATE | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | l use only) | | | |
| Reg. | | | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | mined by | | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | | | | |
| | | | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and | d school district (distr | rict name) | | , | | |
| (county name) | | | | County hereina | ofter referred | to as the District(s). | | | | | |
| The parties agree as follow | | ransportation for | | • | | ` , | session. The parent or guard | dian assures that a lid | censed and | | |
| insured driver will tr | ransport the studer | nts. Mileage cor | tracts are valid of | only when transporta | tion for the dista | nce reported on the contract | | | | | |
| transported for the | past semester. | | • | | | the information accompany | • | ,, | ., | | |
| | terminate at the en | d of the school y | | student(s) is no long | | chool, whichever occurs firs | | Date | | | |
| Marion Elem | | , | | | | | | | | | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | | | |
| | | | I attes | that the above | information | is true and correct. | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ia, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|---|---|--|---|--|--|---|--|--|
| Elementary District Res | sponsible for Re | imbursing the | Contract | | | County | | Legal Entity | |
| Marion Elem | | | | | | Flathead | | 0341 | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary ar | nd high schoo | ol? | | | | | |
| Are you applying for | | | □ No | | Stuc | dent Name | School | Grade | |
| (If yes, please attach ISOLATION: Section 2 | n explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | 0.00 | | 00.100. | 0.000 | |
| rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7 | ual circumstand the county trans | es must be re sportation com | eviewed and ap nmittee, and the | proved by the | Stud | dent Name | School | Grade | |
| Check here only if incre District Trustees and th | ased payment | due to isolatio | n has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | | itials | | | lent Name | School | Grade | |
| County Approval Parent or Guardian I | | no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| | varrie. (Pieas | e Pilili) | | | □ 1 | st Semester Only | □ 2nd Semester Only | y Both Semesters | |
| Sharon Palmer Physical Address (st | reet address | only): | | | | kindergarten/Kinder st Semester Only | | y Both Semesters | |
| Distance from home Elementary 13 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | is stop, if an | y (one way) be covered by thi 1-8 Total | 9-12 Total | Exercise Reserve to the control of t | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS: | times per day,times | days per week da | |
| insured driver will tr 2. In March and June, transported for the payment shall l | s: nsport or provide t ansport the studer the District shall past semester. pe computed on the erminate at the en | ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school | r the student(s) to tracts are valid o e sum officially al | County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer | or bus stop on on for the dista ation upon certi | to as the District(s). the days when school is in | ct actually occurs. rincipal of the school of the nur ring this contract. | ian assures that a licensed and mber of days the student(s) was | |
| High School District | | Chair, Boa | ard of Trustee | es | | | | Date | |
| | | | l attect | that the above | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | ı allesi | ulat tile above | iiiioiiiialioN | is true and confect. | Date | | |
| 3 | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|--|---|---|---|---|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u> </u> | Legal Entity |
| Olney-Bissell El | em | | | | | Flathead | | 0342 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revi sportation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | • | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Eric & Rene Vol Physical Address (s | | oulv). | | | | -kindergarten/Kinderg | | h |
| 1 Hydidai / taaress (s | arcot address | O(111 y). | | | | Ţ | | ly Both Semesters |
| Distance from home to nearest school (one way) Elementary 16 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 | | | | Kin by t To c To c Kin To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, s without other scho | days per week days per week ool-age students: days per week days per week days per week | |
| Students in Each Grade Lo | , , | the students to be | covered by thi | s contract. | De | adlines: | | |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Scho | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Ju | ly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | DENTO: Send ongine | ar to Of 1 by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (i oi dist | not, county and or | r use only) |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and | d school district (distr | rict name) | , |
| insured driver will to 2. In March and June transported for the | ansport or provide t ransport the studer , the District shall p past semester. | nts. Mileage contr eay the parent the | he student(s) to acts are valid o sum officially a | o and from the school only when transportation pproved in the applica | or bus stop or on for the dista ation upon cert | nce reported on the contract | ct actually occurs. rincipal of the school of the nu | dian assures that a licensed and umber of days the student(s) was |
| 4. This contract shall Elementary School | | chair, Boar | | | er enrolled in se | chool, whichever occurs firs | t. | Date |
| Olney-Bissell Elem High School District | | Chair, Boar | | | | | | Date |
| | | , = 3 & | | | | | | |
| Ciamatura Barret | Cuandi | | I attes | t that the above i | information | is true and correct. | Data | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|---|---|---|---|--|---|---|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | <u> </u> | Legal Entity |
| Olney-Bissell El | em | | | | | Flathead | | 0342 |
| High School or K-12 D | istrict Responsit | ponsible for Reimbursing the Contract | | | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be reversely common time. | ce. In order to iewed and appointed, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | ials | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Both Semesters |
| Erika & Tom La Physical Address (s | | only): | | | | -kindergarten/Kinder | | |
| 1 Hysical Address (s | illeet address | Offig). | | | | · | | ly Both Semesters |
| Distance from home Elementary 23 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. | Kin by t To c Kin To c To c | this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, | days per week days per week col-age students: days per week days per week days per week days per week |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | ly 4 ratain a convetor your |
| Regular Trans | Total | Total | Total | Total | files | | to County Supt by Ju | ly 1, retain a copy for your |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OP | I use only) |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deten 20-10-142, MCA. | mined by |
| insured driver will to 2. In March and June transported for the | vs: ansport or provide t ransport the studer , the District shall p past semester. | ransportation for this. Mileage contract the | the student(s) to racts are valid of sum officially a | o and from the school only when transportati pproved in the applica | ter referred or bus stop or on for the dista ation upon cert | ince reported on the contractification by the teacher or pro- | session. The parent or guar ct actually occurs. rincipal of the school of the nu | dian assures that a licensed and umber of days the student(s) was |
| This contract shall | terminate at the en | d of the school ye | ear or when the | student(s) is no longe | | the information accompany chool, whichever occurs first | | Data |
| Elementary School Olney-Bissell Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Boar | rd of Truste | es | | | | Date |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | a, MT 59620 | -2501 | | Du | ue to Scho | ol Clerk June 1 | | |
|--|---|---|--|--|---|--|--|--|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | | Legal Entity |
| Olney-Bissell Ele | -m | | | | | Flathead | | 0342 |
| High School or K-12 Dis | strict Responsib | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share ☐ yes ☐ no | d between el | ementary ar | nd high schoo | ol? | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 | explanation) 0-10-142, MCA | A, provides for | increased rein | nbursement | | | 00.100. | 3.443 |
| rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7 | ual circumstand he county trans | es must be re sportation com | viewed and ap mittee, and the | proved by the | Stud | dent Name | School | Grade |
| Check here only if incre District Trustees and the | ased payment | due to isolatio | n has been ap | proved by the | Stud | lent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes □ | no | itials | | | dent Name | School | Grade |
| County Approval Parent or Guardian N | | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>)R:</u> | |
| | · | e Fillit) | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Jon & Roxann N Physical Address (str | agler reet address | only): | | | | kindergarten/Kinder st Semester Only | | y Both Semesters |
| Distance from home Elementary 0 Distance from home Elementary 6 Contract is for on Students in Each Grade Leventh Elementary 6 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 e-way only | s stop, if an | y (one way) | s contract. 9-12 Total | Kine by t To c Kine To c Kine To c PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original or for your files. RENTS: | times per day, tool Clerk June 1. | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) |
| insured driver will tra 2. In March and June, transported for the p 3. The payment shall be | s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en | ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y | r the student(s) to tracts are valid o e sum officially al | County, hereinal or and from the school only when transportation or the application of th | fter referred I or bus stop on ion for the dista ation upon certi 142, MCA, and | nce reported on the contract | session. The parent or guardict actually occurs. incipal of the school of the nur | ian assures that a licensed and mber of days the student(s) was |
| High School District | | | | | | | | |
| | | | I attest | that the above | information | is true and correct. | | l |
| Signature - Parent or 0 | Guardian | | . 3 | | | 3030 | Date | |
| | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | -2501 | | | | 2005- 2006 Clerk June 1 | | |
|--|---|--|--|--|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | • | Legal Entity |
| Olney-Bissell El | em | | | | | Flathead | | 0342 |
| High School or K-12 D | | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | | | Stude | nt Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be reversely common time. | ce. In order to riewed and appointed, and the | o receive oproved by the | Stude | nt Name | School | Grade |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | nt Name | School | Grade |
| Elem District Approval HS District Approval | | Initi □ no □ no | | | Stude | nt Name | School | Grade |
| County Approval | □ yes | no | | | | CONTRACT IS F | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Vickie Engebret | | | | | | indergarten/Kinde | | |
| Physical Address (s | treet address | oniy): | | | | | | y Both Semesters |
| Distance from home Elementary 15 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. 9-12 Total | Kinde by the To or To or To or To or To or PARE files. | ergarten child rid is contract: from Bus Stop from School ergarten child rid from Bus Stop from School dlines: ENTS: Due to Sch EKS: Send origina TY SUPERINTE for your files. RI (For dis | times per day,times per day, | days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a ATE use only) |
| insured driver will to a line with the second secon | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the er | ransportation for tots. Mileage contribute the parent the set basis of the school ye | the student(s) to racts are valid of sum officially a nedule establish ear or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | fter referred to the stop on the distance of the distance of the distance of the stop of t | e reported on the contra | n session. The parent or guard actually occurs. or incipal of the school of the nu ying this contract. | dian assures that a licensed and mber of days the student(s) was |
| Elementary School Olney-Bissell Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Boar | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information is | s true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|--|---|---|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revi sportation comm | e. In order t ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Adrienne Briner | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | lieel address | oriiy). | | | □ 1 | st Semester Only | ☐ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. 9-12 Total | Kin by to | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original | times per day, times per day, times per day, es without other sch- times per day, tool Clerk June 1. | days per week days per week ool-age students: days per week days per wee |
| Room & Board | | | | | • | | IMBURSEMENT F | RATE |
| Correspondence | | | | | | | rict, county and OP | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sch | ne student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer | or bus stop or on for the dista ation upon cert 42, MCA, and | ince reported on the contract | session. The parent or gual tactually occurs. rincipal of the school of the ning this contract. | rdian assures that a licensed and number of days the student(s) was |
| West Valley Elem High School District | | Chair, Boar | | | | | | Date |
| riigii ocilool Distlict | | Onaii, buai | a or riusie | | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 |)-2501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|---|----------------------------------|----------------------------------|------------------------|-----------------------------------|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | ·m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsil | ble for Reimbu | ırsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | lementary ar | nd high scho | ol? | | | | |
| Are you applying for | | | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attac | | | increased rei | mbursement | Otal | John Hamo | 2611001 | Olduo |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be re sportation com | eviewed and a nmittee, and th | pproved by the | Stud | dent Name | School | Grade |
| Check here only if incr | eased payment | due to isolation | n has been ap | pproved by the | Stud | dent Name | School | Grade |
| District Trustees and the | - | . In | itials | | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | | | | | | Siddo |
| County Approval Parent or Guardian | • | no | | | Gra | <u>S CONTRACT IS FO</u> des 1-12 | | |
| | | or mit) | | | □ 1 | st Semester Only | 2nd Semester Only | □ Both Semesters |
| Amy D. Gregoir Physical Address (s | etreet address | oulv). | | | | -kindergarten/Kinder | | Doth Compostors |
| , 6.66 7.66 66 | | oy /. | | | | · | □ 2nd Semester Only | □ Both Semesters |
| Distance from home Elementary 5.6 Distance from home Elementary 0 Contract is for o | HS 0 e to nearest bu HS 0 | · | • / | | Kind by to To d Kind | his contract: or from Bus Stop or from School dergarten child ride | es <u>with</u> other school-a times per day, _ times per day, _ es without other school | days per week days per week days per week bl-age students: days per week days per week days per week |
| Students in Each Grade L | evel - Only include | the students to | be covered by th | is contract. | | adlines: | a al Olamba bara d | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | - | | 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send original | to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | |
| (county name) The parties agree as follow | ws. | | | County, hereinaff | ter referred | I to as the District(s). | | |
| The parent shall tra | ansport or provide | | | | | the days when school is in | | an assures that a licensed and |
| transported for the | past semester. | • | • | | · | | · | nber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school | year or when the | student(s) is no longe | 42, MCA, and er enrolled in so | the information accompany chool, whichever occurs first | ring this contract. t. | T = . |
| Elementary School West Valley Elem | District | Chair, Boa | ard of Truste | ees | | | | Date |
| High School District | t | Chair, Boa | ard of Truste | es | | | | Date |
| | | | I attes | t that the above i | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | D | Oue to School Clerk June 1 | | |
|--|--------------------------|--|---|---|---|
| Elementary District Responsible for R | teimbursing the Con | tract | County | l | Legal Entity |
| West Valley Elem | | | Flathead | | 1184 |
| High School or K-12 District Respons | ible for Reimbursing | the Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between e | elementary and hi | gh school? | , | | |
| Are you applying for isolation sta | tus? □ Yes | □ No | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | eased reimbursement | | School | Orace |
| rates for special circumstances of isolincreased rates, individual circumstantrustees of the district, the county tran | lation of residence. | In order to receive ed and approved by the | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM pro | vides guidelines for | such.) | Student Name | School | Grade |
| Check here only if increased paymen District Trustees and the County Tran | | | | | |
| Elem District Approval yes | □ no | | Student Name | School | Grade |
| HS District Approval ☐ yes County Approval ☐ yes | □ no | | THIS CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Pleas | se Print) | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Amy Glasman | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (street address | s only): | | ☐ 1st Semester Only | | / □ Both Semesters |
| | | | KINDERGARTEN/PREI | | |
| Distance from home to nearest s Elementary 4.5 HS 0 | chool (one way) | | by this contract: | · · · · · · · · · · · · · · · · · · · | ge students also covered days per week |
| Distance from home to nearest b | us stop, if any (or | ne way) | To or from School Kindergarten child ride | times per day, _ es without other scho | days per week ol-age students: |
| ☐ Contract is for one-way only | | | To or from School | times per day, _ | days per week days per week |
| Students in Each Grade Level - Only include | e the students to be cov | vered by this contract. | Deadlines: | | |
| Pre-K | К | 1-8 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | |
| Total | | Total Total | CLERKS : Send origina files. | I to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | COUNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | | |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | Reimb | ursement rate is detern | nined by |
| Contingency Spec. Ed. Contin. | | | rtoinio | 20-10-142, MCA. | iniod by |
| | | | | | |
| | | | | | |
| Agreement between parent (pare | ent name) | | , and school district (dist | rict name) | ,, |
| (county name) The parties agree as follows: | | County, herein | after referred to as the District(s). | | |
| The parent shall transport or provide | | | ool or bus stop on the days when school is in ation for the distance reported on the contra | | an assures that a licensed and |
| transported for the past semester. | | | ication upon certification by the teacher or p | · | nber of days the student(s) was |
| This contract shall terminate at the example. | end of the school year o | r when the student(s) is no lon | 0-142, MCA, and the information accompany iger enrolled in school, whichever occurs firs | | T - |
| Elementary School District West Valley Elem | Chair, Board o | of Trustees | | | Date |
| High School District | Chair, Board o | of Trustees | | | Date |
| | <u> </u> | I attest that the above | e information is true and correct. | | <u> </u> |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Elementary District Responsible for Reimbursing the Contract West Valley Elem High School or K-12 District Responsible for Reimbursing the Contract County Is this contract shared between elementary and high school? | Legal Entity 1184 Legal Entity |
|---|---|
| High School or K-12 District Responsible for Reimbursing the Contract County | |
| High School or K-12 District Responsible for Reimbursing the Contract County | Legal Entity |
| ls this contract shared between elementary and high school? | |
| le this contract charad between elementary and high school? | |
| □ yes □ no | |
| Are you applying for isolation status? Yes No Student Name School | Grade |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the country transportation committee, and the Office of | Grade |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Truckers and the County Traceportation Committee. | Grade |
| District Trustees and the County Transportation Committee. Initials Student Name School | Grade |
| HS District Approval | |
| Parent or Guardian Name: (Please Print) Grades 1-12 1st Semester Only 2nd Semester Only | y Both Semesters |
| Anna M. Widden Pre-kindergarten/Kindergarten | |
| Physical Address (street address only): □ 1st Semester Only □ 2nd Semester Only | y |
| Distance from home to nearest school (one way) Elementary 6 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest bus stop, if any (one way) Elementary 6 HS 0 HS 0 Kindergarten child rides without other school— times per day, _ Kindergarten child rides without other school— times per day, _ To or from Sus Stop times per day, _ To or from Sus Stop times per day, _ To or from School | days per week days per week ol-age students: days per week days per week days per week days per week y 1, retain a copy for your li to OPI by July 10, retain a ATE use only) |
| Agreement between parent (parent name) | |
| I attest that the above information is true and correct. | |
| Signature - Parent or Guardian Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|-----------------------------------|------------------------|---------------------------------|--------------------------|--------------------|--|---|---|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between e | lementary and | d high scho | ol? | | | | |
| Are you applying fo | r isolation stat | us? □ Yes | □ No | | 01. | dent Name | Oakaal | 0 |
| (If yes, please attaction is please attaction) (ISOLATION: Section rates for special circum | h explanation 20-10-142, MC/ |) A, provides for i | ncreased reir ce. In order t | mbursement o receive | | | School | Grade |
| increased rates, individual trustees of the district, Public Instruction. (10.) | the county trans | sportation comm | nittee, and th | | | dent Name | School | Grade |
| Check here only if incr District Trustees and t | reased payment he County Trans | sportation Com | mittee. | proved by the | Stu | dent Name | School | Grade |
| Elem District Approval HS District Approval | | □ no | ials | | Stud | dent Name | School | Grade |
| County Approval | | no | | | | S CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Anna Stene-Ba | iley | | | | Pre. | -kindergarten/Kinder | narten | |
| Physical Address (s | street address | only): | | | | | ☐ 2nd Semester Only | □ Both Semesters |
| | | | | | | DERGARTEN/PRE | | |
| Distance from home Elementary 4.5 | e to nearest so HS 0 | chool (one wa | y) | | bv t | his contract: | | ge students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week |
| ☐ Contract is for o | ne-way only | | | | 100 | or from School | unles per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | | adlines: RENTS: Due to Sch | ool Clark June 1 | |
| | Pre-K | К | 1-8 | 9-12 | FAI | CENTS. Due to Scri | ooi Cierk Julie 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | CO | UNTY SUPERINTEN | IDENTS: Send original | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (1 01 0.00 | inot, county and or r | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | , I | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , |
| (county name) | | | | County hereinaf | ter referred | I to as the District(s). | | |
| The parties agree as follow | | transportation for | | • | | ` , | | an accuracy that a licensed and |
| insured driver will t | transport the stude | nts. Mileage cont | racts are valid o | only when transportation | on for the dista | nce reported on the contra | | |
| transported for the | past semester. | • | • | | | | · | nber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | the information accompany chool, whichever occurs first | | 1 |
| Elementary School West Valley Elem | District | Chair, Boa | rd of Truste | es | | | | Date |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | 1 | l attes | t that the above | information | is true and correct. | | 1 |
| Signature - Parent or | Guardian | | ratios | . That the above | ormation | and die correct. | Date | |
| | | | | | | | 1 | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|--------------------------------------|--------------------|----------------------------------|--------------------------|----------------------|-----------------------------------|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | ounty | | Legal Entity |
| West Valley Ele | m | | | | | lathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | ounty | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | • |
| Are you applying for | | | □ No | | Studen | t Name | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased reir | mbursement | Oldden | it raine | 0011001 | Ciudo |
| rates for special circun increased rates, individ | dual circumstand | ces must be re- | viewed and ap | pproved by the | Studen | t Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | <u>-</u> | |
| Check here only if incr District Trustees and the | | | | pproved by the | Studen | t Name | School | Grade |
| Elem District Approval | • | | tials | | Studen | t Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | THIS C | ONTRACT IS FO | DR: | |
| Parent or Guardian | | e Print) | | | Grades | s 1-12 Semester Only | 2nd Semester Only | / □ Both Semesters |
| Barbara A. Pea | rson | | | | | • | • | |
| Physical Address (s | | only): | | | | dergarten/Kinder Semester Only | | / □ Both Semesters |
| | | | | | | | (INDERGARTEN: | |
| Distance from home | e to nearest so | hool (one wa | ıy) | | | garten child ride contract: | es <u>with</u> other school-a | ge students also covered |
| Elementary 5.5 | HS 0 | | | | To or fr | om Bus Stop | times per day, _ | days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | Kinder To or fr | garten child ride | es <u>without</u> other school times per day, | days per week ol-age students: days per week days per week days per week |
| □ Contract is for o | ne-way only | | | | To or fr | rom School | times per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | Dead BAREN | lines: NTS: Due to Scho | ool Clerk June 1 | |
| | Pre-K | K | 1-8 | 9-12 Tatal | | | | |
| De suite a Trans | Total | Total | Total | Total | files. | (S: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy fo | or your files. | | |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (1 01 0.00 | not, ocumy and or r | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | and so | chool district (distr | rict name) | |
| | r parent (paren | it riamo) | | | | | ict name) | ······································ |
| (county name) The parties agree as follow | | transportation for | | • | | as the District(s). | acceion. The perent or quard | ian assures that a licensed and |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid o | only when transportation | on for the distance | reported on the contract | ct actually occurs. | nber of days the student(s) was |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the sc | hedule establish | ned in Section 20-10-1 | 42, MCA, and the | information accompany | ring this contract. | , |
| 4. This contract shall Elementary School | | | ear or when the ird of Truste | | er enrolled in schoo | l, whichever occurs firs | t. | Date |
| West Valley Elem High School District | | Chair. Boa | rd of Truste | es | | | | Date |
| | · | | | | | | | |
| | | | I attes | t that the above i | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|---|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revi portation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Barbara Handy Physical Address (s | troot addraga | anlı (): | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da |
| Correspondence Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sche | ne student(s) to acts are valid o sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was |
| West Valley Elem High School District | | Chair, Boar | d of Truste | es | | | | Date |
| | | | l atten | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | า สแชร | t triat trie above i | momation | is true and correct. | Date | |
| | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | x 202501 a, MT 59620 |)-2501 | | | | l Clerk June 1 | | |
|--|-----------------------------------|----------------------------------|-----------------------------|--------------------------|---------------------------------|---|-----------------------------|---|
| Elementary District Resp | oonsible for Re | eimbursing the | Contract | | | County | · | Legal Entity |
| West Valley Elen | า | | | | | Flathead | | 1184 |
| High School or K-12 Dis | trict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract share □ yes □ no | d between el | ementary an | d high scho | ol? | | | | |
| Are you applying for i | | | □ No | | Stude | ent Name | School | Grade |
| (If yes, please attach ISOLATION: Section 2 rates for special circums | 0-10-142, MCA | A, provides for | increased rein | mbursement to receive | | | | |
| increased rates, individu trustees of the district, the Public Instruction. (10.7) | al circumstand ne county trans | ces must be re sportation com | viewed and apmittee, and th | oproved by the | | ent Name | School | Grade |
| Check here only if increa | ased payment County Trans | sportation Com | mittee. | pproved by the | Stude | ent Name | School | Grade |
| Elem District Approval HS District Approval | | □ no | tials | | Stude | ent Name | School | Grade |
| County Approval | □ yes | □ no □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian N | lame: (Pleas | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Barbara K. Pede | | | | | Pre-k | indergarten/Kinder | garten | |
| Physical Address (str | eet address | only): | | | □ 1s | t Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 4.5 Distance from home | HS 0 | | | | Kind by th To or To or | is contract: from Bus Stop from School | es <u>with</u> other school | -age students also covered days per week days per week |
| Elementary 0 | HS 0 | | , , , , , , , | | To or | from Bus Stop | times per day, | days per week days per week |
| ☐ Contract is for one Students in Each Grade Lev | | the students to b | ne covered by th | is contract | Dea | dlines: | | |
| Г | | • | • | | PAR | ENTS: Due to Sch | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLEI files. | RKS: Send origina | I to County Supt by Ju | uly 1, retain a copy for your |
| Regular Trans | | | | | | NTV CHDEDINITEN | IDENTS: Sand origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | for your files. | DENTS. Sena ongin | |
| Room & Board | | | | | | | EIMBURSEMENT R | |
| Correspondence | | | | | | (FOI dist | rict, county and OP | r use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | rmined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | 1 | | | | |
| Agreement between | parent (pare | nt name) | | | , and | school district (dist | rict name) | , |
| (county name) | | | | County, hereinaf | fter referred | o as the District(s). | | |
| | sport or provide | | | | | | | rdian assures that a licensed and |
| In March and June, t | he District shall p | | | | | ce reported on the contra cation by the teacher or p | | umber of days the student(s) was |
| | e computed on th | | | | | e information accompany | | |
| Elementary School D | | | ard of Truste | | S. STRONGE III SUI | oo, willonever occurs IIIs | | Date |
| West Valley Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date |
| | | | l attes | t that the above | information i | s true and correct. | | |
| Signature - Parent or 6 | Guardian | | ranes | t that the above | omation i | o and direct. | Date | |
| | | | | | | | i | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|---|--|--|--|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | sponsible for Reimbursing the Contract | | | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | <u>S CONTRACT IS FO</u> des 1-12 | DR: | |
| Parent or Guardian | • | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Barbara S. Blan Physical Address (s | | oulv). | | | | -kindergarten/Kinder | | |
| 1 Hysical Address (s | arcet address | Orny). | | | | · | | nly □ Both Semesters |
| Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lu | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. | Kind by the Took Kind Took Took | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: | times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day, | days per week days per week days per week ool-age students: days per week days per week days per week days per week |
| | Pre-K | K | 1-8 | 9-12 | PAF | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Ju | uly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | ————— |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (i oi dist | not, county and or | r doc offiy) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | rmined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and | d school district (distr | rict name) | , |
| insured driver will t | ansport or provide t ransport the stude | nts. Mileage contr | he student(s) to acts are valid o | o and from the school only when transportation | or bus stop on | nce reported on the contract | ct actually occurs. | rdian assures that a licensed and umber of days the student(s) was |
| transported for the | past semester. | • | • | | · | the information accompany | • | 22. S. days and studentially was |
| | terminate at the er | | ar or when the | student(s) is no longe | | chool, whichever occurs firs | | Date |
| West Valley Elem High School District | | Chair, Boar | | | | | | Date |
| | | | | | | 1- 4 1 | | |
| Signatura Parant | Guardian | | I attes | t that the above | information | is true and correct. | Date | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|--|---|---|--|--|--|---|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | <u>'</u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be reversely common time. | ce. In order to iewed and appointed, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | ials | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Barbara W. Fun Physical Address (s | | only): | | | | -kindergarten/Kinder | | |
| Friysical Address (s | lieel address | Offig). | | | □ 1 | st Semester Only | ☐ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Leaders | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. 9-12 Total | Kinder State | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, times per day, times per day, es without other sch times per day, times per day, times per day, | days per week days per week ool-age students: days per week |
| Regular Trans | | | | | files | | IDENTS, Sand origin | nal to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | iden13. Sena ongin | ial to OFI by July 10, letail a |
| Room & Board | | | | | | | IMBURSEMENT F | |
| Correspondence | | | | | | (i oi dist | not, county and or | ruse orny) |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | rmined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District | ransportation for tools. Mileage contribute parent the parent the set basis of the sch | the student(s) to racts are valid of sum officially a needule establish har or when the rd of Truste | o and from the school only when transportati pproved in the applice and in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or gua tt actually occurs. incipal of the school of the n | rdian assures that a licensed and number of days the student(s) was Date Date |
| | | | Lotto | t that the above | informatic= | in true and correct | | |
| Signature - Parent or | Guardian | | ı attes | t triat trie above | iniormation | is true and correct. | Date | |
| Signature - Laterit Of | -au aian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|--|--|---|---|---|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| rates for special circun increased rates, individual trustees of the district. | nstances of isola dual circumstand the county trans | tion of residences must be revi portation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| District Trustees and the Elem District Approval | □ yes | Initi □ no | als | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Belinda Erickso | | | | | Pre- | -kindergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, so without other schimes per day, times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week days per week """ """ """ """ """ """ """ |
| | | | | | | | rict, county and OP | |
| Correspondence | | | | | | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WCA. | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for t its. Mileage contr ay the parent the e basis of the sch | he student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or gual at actually occurs. incipal of the school of the ning this contract. | rdian assures that a licensed and number of days the student(s) was |
| West Valley Elem | | , | | | | | | |
| High School District | | Chair, Boar | a of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | - | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|--|--|---|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| rates for special circun increased rates, individual trustees of the district. | nstances of isola dual circumstand the county trans | tion of residences must be revi portation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| District Trustees and the Elem District Approval | □ yes | Initi □ no | als | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Belinda Erickso | | | | | Pre- | -kindergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | is contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, so without other schimes per day, times per day, tool Clerk June 1. | days per week days per week """ """ """ """ """ """ """ |
| | | | | | | | rict, county and OP | |
| Correspondence | | | | | | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WCA. | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for t its. Mileage contr ay the parent the e basis of the sch | he student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or gual at actually occurs. incipal of the school of the ning this contract. | rdian assures that a licensed and number of days the student(s) was |
| West Valley Elem | | , | | | | | | |
| High School District | | Chair, Boar | a of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | - | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|--|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Billy D. Killian | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da |
| Spec. Ed. Contin. | | | | | | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for the state. Mileage contral the same basis of the schelage to the same basis of the schelage that the same that the sam | ne student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportatic pproved in the applica and in Section 20-10-1 | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or gual t actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Boar | d of Truste | es | | | | Date |
| | | | I attest | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|--|--------------------------------|--|---------------------|--------------------------|-----------------------|-----------------------------|--|---------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Stude | nt Name | School | Grade |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for | | | | | | |
| rates for special circun increased rates, individual trustees of the district, | dual circumstand | ces must be rev | viewed and ap | oproved by the | Stude | nt Name | School | Grade |
| Public Instruction. (10. | · | , and the second | ŕ | | Stude | nt Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | pproved by the | | | | |
| Elem District Approval | • | □ no | tials | | Stude | nt Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Carol Marino | | | | | Pre-ki | ndergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1st | Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | | | ERGARTEN/PREM | | ge students also covered |
| Distance from home Elementary 4 | e to nearest so HS 0 | thool (one wa | ıy) | | by thi | s contract: | | days per week |
| Distance from home | e to nearest bu | ıs stop, if any | (one way) | | To or Kinde | from School | times per day, _ times per day, _ s without other school | days per week ol-age students: |
| Elementary 0 | HS 0 | | | | To or | from Bus Stop | times per day, | days per week days per week |
| □ Contract is for o | ne-way only | | | | | | times per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | dlines: NTS: Due to Scho | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLER files. | KS: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | | ITY CUIDEDINITEN | IDENTS. Cond origina | I to ODI by July 40 matrix a |
| Spec. Ed. Trans | | | | | | or your files. | IDEN 15: Send ongina | I to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimhi | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | T Cillibr | 20-10-142, MCA. | inica by |
| | | | | | | | | |
| A successor to be the second | | -4 | | | | | ist name) | |
| Agreement betweer | i parent (parei | nt name) | | | | | rict name) | , |
| (county name) The parties agree as follow | | | | - | | as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage conf | tracts are valid of | only when transportation | on for the distanc | e reported on the contract | ct actually occurs. | ian assures that a licensed and |
| transported for the | past semester. | , , | • | | · | ation by the teacher or pi | · | nber of days the student(s) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | | ool, whichever occurs firs | | Date |
| West Valley Elem | | , | | | | | | |
| High School District | · | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information is | true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|--------------------------------------|----------------------|-----------------------------------|--------------------------|------------------|--|--|---------------------------------|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| West Valley Ele | | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo | | | □ No | | Stu | dent Name | School | Grade |
| (If yes, please attaction isolation: Section | 20-10-142, MC/ | A, provides for | | | | 30 | 33.133. | 5.445 |
| rates for special circur increased rates, individual | dual circumstand | ces must be re | viewed and a | pproved by the | Stu | dent Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | | |
| Check here only if incr | | | | oproved by the | Stu | dent Name | School | Grade |
| District Trustees and t | • | In | itials | | Stu | dent Name | School | Grade |
| Elem District Approval HS District Approval County Approval | □ yes | □ no □ no □ no | | | THI | S CONTRACT IS FO | OR. | |
| Parent or Guardian | | | | | Gra | des 1-12 st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Carol Miletich | | | | | | , | • | y Doin Semesters |
| Physical Address (s | street address | only): | | | | -kindergarten/Kinder st Semester Only | | y Both Semesters |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home | e to nearest so | chool (one wa | ay) | | by t | his contract: | | age students also covered |
| Elementary 4.3 | HS 0 | | | | To | or from Bus Stop | times per day, _ | days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if an | y (one way) | | Kin | dergarten child ride | es without other scho | ol-age students: |
| □ Contract is for o | | | | | To | or from School | times per day, _ times per day, _ | days per week days per week |
| Students in Each Grade L | , , | the students to I | be covered by th | is contract. | De | adlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PAI | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLI files | | to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS. Sand origina | ıl to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS. Send ongina | ii to OPI by July 10, letaill a |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Doimh | uraamant rata ja datarn | ained by |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | nined by |
| opeo. Ed. Contin. | | | | | | | | |
| A | | | | | | dbl di-tri-t (di-t | data a sussa | |
| Agreement between | n parent (pare | nt name) | | | | | rict name) | , |
| (county name) The parties agree as follow | | | | 3, | | I to as the District(s). | | ian assures that a licensed and |
| insured driver will | transport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the dista | ince reported on the contract | ct actually occurs. | mber of days the student(s) was |
| transported for the 3. The payment shall | past semester. I be computed on the | ne basis of the so | chedule establis | hed in Section 20-10-1 | 42, MCA, and | the information accompany | ring this contract. | 2. 2., 2. 2 2 2 2 2 2 2 2. |
| Elementary School | | | year or when the ard of Truste | | er enrolled in s | chool, whichever occurs firs | it. | Date |
| West Valley Elem High School District | t | Chair, Boa | ard of Truste | ees | | | | Date |
| | | , | | | | to American III | | |
| Signature - Parent or | Guardian | | I attes | t that the above i | information | is true and correct. | Date | |
| orginature - Farent Or | Guaruran | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 |)-2501 | | Du | e to Scho | ol Clerk June 1 | | |
|---|---|---------------------------------------|---|---|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsil | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary ar | nd high scho | ol? | | | | |
| Are you applying fo | | | □ No | | Stu | dent Name | School | Grade |
| (If yes, please attac ISOLATION: Section | | | increased rei | mbursement | Otal | Join Hamo | 3311331 | Olduo |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be re sportation com | viewed and a mittee, and th | pproved by the | Stud | dent Name | School | Grade |
| Check here only if incr | eased payment | due to isolation | n has been ap | pproved by the | Stud | dent Name | School | Grade |
| District Trustees and the | - | In | itials | | Stu | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | | | | | | | Grade |
| County Approval Parent or Guardian | | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | <u>)R:</u> | |
| | ivallie. (Fieas | e Fillit) | | | □ 1 | st Semester Only | ☐ 2nd Semester Only | √ □ Both Semesters |
| Cheryl Byle Physical Address (s | treet address | only). | | | | -kindergarten/Kinder | | |
| 1 Tryologi / tagress (c | ti cet addi ess | omy). | | | | • | □ 2nd Semester Only | √ □ Both Semesters |
| Distance from home Elementary 3.8 Distance from home Elementary 0 Contract is for o Students in Each Grade Line Regular Trans | HS 0 e to nearest bu HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | Kinder France Fr | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch | times per day, times to County Supt by July | days per week days per week ol-age students: days per week |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS: Send ongina | I to OPI by July 10, retain a |
| Room & Board Correspondence | | | | | | | EIMBURSEMENT RA | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| (county name) | | nt name) | | | | d school district (dist | rict name) | , |
| insured driver will t 2. In March and June transported for the | ansport or provide ransport the stude , the District shall p past semester. | nts. Mileage cor pay the parent th | ntracts are valid on tracts are valid of the sum officially a | only when transportation approved in the application | on for the dista ation upon certi | nce reported on the contra | ct actually occurs. rincipal of the school of the nun | an assures that a licensed and nber of days the student(s) was |
| 4. This contract shall Elementary School | terminate at the er | nd of the school | year or when the | student(s) is no longe | er enrolled in so | chool, whichever occurs firs | et. ¯ | Date |
| West Valley Elem | | | | | | | | |
| High School District | · | Chair, Boa | ard of Truste | ees | | | | Date |
| | | | I attes | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|--|--|---|--|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revi sportation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Clayton Morigea Physical Address (s | au troot addroos | only): | | | | -kindergarten/Kinderg | | |
| Friysical Address (s | lieet address | orliy). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters |
| Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. | Kind by the Took Kind Took Took | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day, | days per week days per week ool-age students: days per week days per week days per week days per week |
| | Total | Total | Total | Total | CLE files | - | to County Supt by Ju | lly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | DENTO: Cond ongin | |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (FOI dist | nict, county and OF | r use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | | d school district (distr | rict name) | |
| insured driver will to 2. In March and June transported for the | ansport or provide t ransport the studer , the District shall p past semester. | nts. Mileage contr eay the parent the | he student(s) to acts are valid o sum officially a | o and from the school only when transportation pproved in the applica | or bus stop on on for the dista ation upon certi | nce reported on the contractification by the teacher or pro- | ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and umber of days the student(s) was |
| This contract shall | terminate at the er | d of the school ye | ar or when the | student(s) is no longe | | the information accompany chool, whichever occurs firs | | T - |
| Elementary School West Valley Elem | District | Chair, Boar | d of Truste | es | | | | Date |
| High School District | | Chair, Boar | d of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|--------------------------------|-------------------|------------------|---------------------------------------|-------------------------|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | C | County | | Legal Entity |
| West Valley Ele | m | | | | F | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | r isolation stati | us? □ Yes | □ No | | Studer | nt Name | School | Grade |
| (If yes, please attac | | | increased reir | mbursement | Studen | it ivaille | School | Orace |
| rates for special circun increased rates, individ | nstances of isola | ition of residen | ce. In order t | to receive | Studer | nt Name | School | Grade |
| trustees of the district, Public Instruction. (10. | the county trans | sportation com | mittee, and th | | | | | |
| Check here only if incr | eased payment | due to isolation | n has been ap | proved by the | Studer | nt Name | School | Grade |
| District Trustees and the | | sportation Com | | | | | | |
| Elem District Approval HS District Approval | • | □ no □ no | | | Studer | nt Name | School | Grade |
| County Approval | □ yes | □ no | | | THIS (Grade: | CONTRACT IS FO | <u>DR:</u> | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| Clifford Mower Physical Address (s | troot addraga | anh () | | | | ndergarten/Kinder | | |
| Physical Address (s | areer address | oriiy). | | | □ 1st | Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | | | | (INDERGARTEN: | ge students also covered |
| Distance from home Elementary 6 | e to nearest so HS 0 | chool (one wa | ıy) | | by this | s contract: | | |
| • | | | , | | To or f | rom Bus Stop rom School | times per day, _ times per day, _ | days per week days per week ol-age students: |
| Distance from home Elementary 0 | e to nearest bu HS 0 | is stop, if any | (one way) | | Kinde To or f | rgarten child ride rom Bus Stop | es <u>without</u> other school times per day. | ol-age students: davs per week |
| □ Contract is for o | ne-way only | | | | To or f | rom School | times per day, _ | days per week |
| Students in Each Grade L | , , | the students to b | e covered by th | is contract. | | llines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARE | NTS: Due to Scho | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLERI files. | KS: Send original | to County Supt by July | , 1, retain a copy for your |
| Regular Trans | | | | | | | | |
| Spec. Ed. Trans | | | | | | or your files. | IDENTS: Send origina | I to OPI by July 10, retain a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE |
| Correspondence | | | | | | | rict, county and OPI | |
| Reg. | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | |
| | | | | | | | | |
| Agreement between | n parent (parei | nt name) | | · · · · · · · · · · · · · · · · · · · | , and s | chool district (distr | rict name) | ······································ |
| (county name) | | | | County, hereinaf | ter referred to | as the District(s). | | |
| | ansport or provide t | | the student(s) t | o and from the school | or bus stop on the | e days when school is in | | an assures that a licensed and |
| In March and June | , the District shall p | | | | | e reported on the contraction by the teacher or pro- | | nber of days the student(s) was |
| | be computed on th | | | | | information accompany ol, whichever occurs firs | | |
| Elementary School | | | rd of Truste | | 5 5 5 11 501101 | <u>,</u> | - | Date |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date |
| | | | 1 -4- | t that the attent | information ! | truo and ar | | |
| Signature - Parent or | Guardian | | l attes | t that the above i | intormation is | true and correct. | Date | |
| orginature - i arciil Or | - au aidii | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|--|--|---|--|---|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | 1 | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| rates for special circun increased rates, individual trustees of the district. | nstances of isola dual circumstand the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Connie Dalton | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kine by t To c Kine To c V To c PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da |
| | | , , | | | | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for the state. Mileage contral the same basis of the schelage transfer in the sche | ne student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | | Chair, Board | | | | ., | | Date |
| High School District | | Chair, Board | d of Trustee | es | | | | Date |
| | | | I attest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School C | Clerk June 1 | | |
|---|--------------------------------|--------------------|--------------------|--------------------------|-----------------------------|---|--|---------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Co | ounty | | Legal Entity |
| West Valley Ele | m | | | | F | lathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | ounty | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Student | Name | School | Grade |
| (If yes, please attac | | | increased reir | mbursement | Student | Iname | School | Orace |
| rates for special circun increased rates, individ | nstances of isola | ation of residen | ce. In order t | to receive | Student | Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | | |
| Check here only if incr | | | | proved by the | Student | Name | School | Grade |
| District Trustees and the | • | | mittee. tials | | Student | Namo | School | Grade |
| Elem District Approval HS District Approval | | □ no □ no | | | | | | Grade |
| County Approval Parent or Guardian | | no | | | THIS Co | ONTRACT IS FO 1-12 | <u>DR:</u> | |
| | ivaille. (Fieas | e Fillit) | | | ☐ 1st S | Semester Only | 2nd Semester Only | / □ Both Semesters |
| Danny Bly Physical Address (s | treet address | only): | | | | dergarten/Kinder | | / □ Both Semesters |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3, | | | | • | Í | Doin Semesters |
| D: / () | | | , | | Kinder | garten child ride | <u>KINDERGARTEN</u> : es <u>with</u> other school-a | ge students also covered |
| Distance from home Elementary 5 | e to nearest so HS 0 | chool (one wa | iy) | | by this To or fro | contract: om Bus Stop | times per day. | days per week |
| Distance from home | e to nearest bu | ıs stop. if anv | (one way) | | To or fro | om School | times per day, _ | days per week ol-age students: |
| Elementary 0 | HS 0 | , , , , | (| | To or fro | om Bus Stop | times per day, _ | days per week days per week |
| □ Contract is for o | ne-way only | | | | lo or tro | om School | times per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | Deadl | | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | . 4 |
| | Total | Total | Total | Total | files. | . 5: Send ongma | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | COUNT | Y SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy for | r your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (FOI dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimhi | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | Reinibi | 20-10-142, MCA. | inica by |
| | | | | | | | | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and sc | thool district (disti | rict name) | , , , , . , . , , , , , |
| (county name) The parties agree as follow | | | | • | | as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid o | only when transportation | on for the distance r | reported on the contract | ct actually occurs. | ian assures that a licensed and |
| transported for the | past semester. | | • | | • | on by the teacher or particles on the company | • | nber of days the student(s) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | | , whichever occurs firs | | Date |
| West Valley Elem | | , | | | | | | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information is t | rue and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

| Co | | |
|----|--|--|
| | | |
| | | |

| | 3ox 202501 na, MT 59620 | Due to School Clerk June 1 | | | | | | | |
|---|---|----------------------------|-----------|--------------------------|--|--|--|---|--|
| Elementary District Responsible for Reimbursing the Contract | | | | | Cou | inty | Legal Entity | | |
| West Valley Ele | | | | Fla | athead | | 1184 | | |
| High School or K-12 District Responsible for Reimbursing the Contract | | | | | Cou | | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shared between elementary and high school? ☐ yes ☐ no | | | | | | | | | |
| Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation) | | | | | Student I | Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides quidelines for such.) | | | | | Student Name School Grade | | | | |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Student I | Name | School | Grade | |
| Elem District Approval yes no HS District Approval yes no | | | | | Student I | Name | School | Grade | |
| County Approval | | | | | | THIS CONTRACT IS FOR: Grades 1-12 | | | |
| Parent or Guardian Name: (Please Print) | | | | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | |
| Dawn Haave | | | | | | Pre-kindergarten/Kindergarten | | | |
| Physical Address (street address only): | | | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kinderga by this of To or from To or from To or from To or from Deadling PARENT CLERKS files. | arten child ride contract: m Bus Stop m School arten child ride m Bus Stop m School "School " | times per day, | days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a ATE I use only) | |
| Agreement between parent (parent name) | | | | | | | | | |
| Elementary School District Chair, Board of Trustees West Valley Elem | | | | | | | | Date | |
| High School District | Chair, Boa | rd of Truste | es | | Date | | | | |
| I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or Guardian Date | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|--|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initia no no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Debbie Boyd | | I. A. | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | oniy): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Elementary 4.2 Distance from home Elementary 0 Contract is for o | Distance from home to nearest school (one way) Elementary 4.2 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | | | | | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District | ransportation for the state. Mileage contral the parent the sale basis of the sche | ne student(s) to acts are valid o sum officially a edule establish ar or when the d of Truster | o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longe | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was Date Date |
| | | | I attest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Di | ue to School (| Clerk June 1 | | | |
|--|----------------------------|-------------------|------------------|-----------------------|--------------------|---|---|-----------------------|-------------------|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | С | ounty | <u> </u> | Legal Entity | |
| West Valley Elei | m | | | | F | lathead | | 1184 | |
| High School or K-12 Di | strict Responsit | ole for Reimbu | rsing the Conf | tract | | ounty | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for (If yes, please attach | | | □ No | | Studen | t Name | School | | Grade |
| ISOLATION: Section 2 | 20-10-142, MCA | A, provides for | increased reir | mbursement | | | | | |
| increased rates, individ | ual circumstand | es must be re | viewed and a | oproved by the | Studen | t Name | School | | Grade |
| trustees of the district, the Public Instruction. (10.7) | | | | e Office of | Chudan | 4 Name | Cabaal | | Orada |
| Check here only if incre District Trustees and th | | | | proved by the | Studen | t Name | School | | Grade |
| Elem District Approval | □ yes | □ no | itials | | Studen | t Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | THIS C | ONTRACT IS FO | DR: | | |
| Parent or Guardian | | e Print) | | | Grades | 1-12 Semester Only | ☐ 2nd Semester Only | v □ Both Se | mesters |
| Debbie Patton | | | | | | • | • | , | |
| Physical Address (st | treet address | only): | | | | dergarten/Kinder Semester Only | ☐ 2nd Semester Only | y 🛛 Both Se | mesters |
| | | | | | | | (INDERGARTEN: | | |
| Distance from home | to nearest so | hool (one wa | ay) | | | garten child ride contract: | es with other school-a | age students a | Iso covered |
| Elementary 3.4 | HS 0 | | | | To or fr | om Bus Stop | times per day, _ | day | s per week |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if an | y (one way) | | Kinder To or fr | garten child ride om Bus Stop | times per day, _ es <u>without</u> other scho times per day, times per day, _ | ol-age studen day | ts: s per week |
| □ Contract is for or | ne-way only | | | | To or fr | om School | times per day, _ | day | s per week |
| Students in Each Grade Le | evel - Only include | the students to I | be covered by th | is contract. | Dead | lines: NTS: Due to Sch | aal Clark Jupa 1 | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERK | | to County Supt by July | y 1, retain a co | py for your |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | FY SUPERINTEN r your files. | IDENTS: Send origina | ıl to OPI by Jul | / 10, retain a |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | _ | | | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement between | parent (parer | nt name) | | | , and so | chool district (dist | rict name) | | , |
| (county name) The parties agree as follow | ic. | | | County, hereina | fter referred to | as the District(s). | | | |
| The parent shall tra | nsport or provide t | | | | | days when school is in reported on the contra- | session. The parent or guard actually occurs. | ian assures that a li | censed and |
| transported for the | past semester. | • | • | | | | rincipal of the school of the nur | mber of days the stu | ident(s) was |
| This contract shall t | terminate at the er | d of the school | ear or when the | student(s) is no long | | information accompany I, whichever occurs firs | | Doto | |
| Elementary School I West Valley Elem | JISUICU | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | <u> </u> | l attes | t that the above | information is t | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|---|--|---|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | ng the Contr | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation commi | e. In order to ewed and ap ittee, and the | receive proved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation I | nas been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | ıls | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Debra Hunt | | I. A. | | | | -kindergarten/Kinder | | | |
| Physical Address (s | treet address | oniy): | | | □ 1 | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Elementary 4.5 Distance from home Elementary 0 Contract is for o | Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | | | | | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1. | days per week days per week uly 1, retain a copy for your all to OPI by July 10, retain a RATE Pl use only) | |
| insured driver will t | vs: ansport or provide t ransport the studer , the District shall p | ransportation for th | e student(s) to | and from the school nly when transportation | ter referred or bus stop on on for the dista | nce reported on the contract | session. The parent or guar | rdian assures that a licensed and number of days the student(s) was | |
| The payment shall | be computed on th | | | | | the information accompany chool, whichever occurs firs | | | |
| Elementary School West Valley Elem | Il terminate at the end of the school year or when the student(s) is no lo District Chair, Board of Trustees | | | | | | | Date | |
| High School District | Chair, Board of Trustees | | | | | | | Date | |
| | | | I attest | that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | · | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | Г | Oue to School Clerk June 1 | | |
|--|--|--|---|--|---|
| Elementary District Responsible for R | eimbursing the Con | tract | County | | Legal Entity |
| West Valley Elem | | | Flathead | | 1184 |
| High School or K-12 District Respons | ible for Reimbursing | the Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between e | elementary and hi | gh school? | | | • |
| Are you applying for isolation sta | tus? Yes | □ No | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | eased reimbursement | | School | Orace |
| rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran | ation of residence. | In order to receive ed and approved by the | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM pro | , and the second | , | Student Name | School | Grade |
| Check here only if increased payment District Trustees and the County Tran | sportation Committe | | | | |
| Elem District Approval ☐ yes | Initials □ no | | Student Name | School | Grade |
| HS District Approval ☐ yes County Approval ☐ yes | □ no | | THIS CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Pleas | se Print) | | Grades 1-12 ☐ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Debra West | | | Pre-kindergarten/Kinder | narten | |
| Physical Address (street address | only): | | ☐ 1st Semester Only | | / □ Both Semesters |
| | | | KINDERGARTEN/PREI | | |
| Distance from home to nearest s Elementary 4.5 HS 0 | chool (one way) | | by this contract: | | ge students also covered days per week |
| Distance from home to nearest b Elementary 0 HS 0 | us stop, if any (or | ne way) | To or from School Kindergarten child ride | times per day, _ es without other schoo | days per week pl-age students: days per week days per week days per week |
| ☐ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include | e the students to be cov | vered by this contract. | Deadlines: | a al Olamba bara a 4 | |
| Pre-K | | 1-8 9-12 | PARENTS: Due to Sch | | |
| Total | Total 1 | otal Total | CLERKS: Send origina files. | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | COUNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | DENTO: Ocha ongma | rto Or r by odry 10, retain a |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | _ | | |
| Contingency | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | |
| | | | | | |
| Agreement between parent (pare | ent name) | | , and school district (dist | rict name) | ······································ |
| (county name) The parties agree as follows: | | County, herein | after referred to as the District(s). | | |
| The parent shall transport or provide | | | ool or bus stop on the days when school is in ation for the distance reported on the contra | | an assures that a licensed and |
| In March and June, the District shall transported for the past semester. | pay the parent the sum | officially approved in the appl | lication upon certification by the teacher or p | rincipal of the school of the nur | nber of days the student(s) was |
| This contract shall terminate at the example. | nd of the school year o | r when the student(s) is no lor | 0-142, MCA, and the information accompany nger enrolled in school, whichever occurs firs | | 1- |
| Elementary School District West Valley Elem | Chair, Board o | of Trustees | | | Date |
| High School District | Chair, Board o | of Trustees | | | Date |
| | | I attest that the abov | e information is true and correct. | | 1 |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|--|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Conti | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | receive proved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | nas been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | □ yes | Initia □ no | ıls | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Del Ditton | | | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Elementary 4.2 Distance from home Elementary 0 Contract is for o Students in Each Grade Leaders of Each Grade Leaders of Each Trans Spec. Ed. Trans Room & Board Correspondence Reg. | stance from home to nearest school (one way) ementary 4.2 HS 0 stance from home to nearest bus stop, if any (one way) ementary 0 HS 0 Contract is for one-way only dents in Each Grade Level - Only include the students to be covered by this contract. Pre-K Total Total Total Total Total Gullar Trans ec. Ed. Trans om & Board prespondence g. | | | | | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | 20-10-142, MCA. | mined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for thats. Mileage contrally the parent the same basis of the sche | e student(s) to cts are valid o um officially ap | o and from the school nly when transportation oproved in the applicated in Section 20-10-1 | or bus stop on on for the dista ation upon certi | ince reported on the contractification by the teacher or pithe information accompany | session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | I terminate at the end of the school year or when the student(s) is no lo District Chair, Board of Trustees | | | | | | | Date |
| High School District | Chair, Board of Trustees | | | | | | | Date |
| | | | I attest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | ue to Schoo | | | | |
|---|---|---|---|--------------------------|--|--|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) | 1 | □ No | mhursement | Stude | ent Name | School | | Grade |
| rates for special circun increased rates, individ trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of resident ces must be resportation com | nce. In order to viewed and appoint and the mittee, and the | o receive oproved by the | Stude | ent Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Stude | ent Name | School | | Grade |
| Elem District Approval | □ yes | Ini □ no | tials | | Stude | ent Name | School | | Grade |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester Or | ıly □ Both Seme | sters |
| Del Ditton | | | | | Pre-k | indergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Or | lly □ Both Seme | sters |
| Distance from home Elementary 4.4 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | is stop, if any | y (one way) | is contract. 9-12 Total | Kindo by th To or To or Kindo To or To or Pea PARI | is contract: from Bus Stop from School ergarten child ride from Bus Stop_ from School dlines: ENTS: Due to Sch | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, | days pe days pe cool-age students: days pe | er week er week er week er week |
| Regular Trans | | | | | files. | NTV 011DEDINITEN | | 0.5.1 | |
| Spec. Ed. Trans | | | | | | for your files. | IDENTS: Send origin | al to OPI by July 10 | , retain a |
| Room & Board | | | | | | | IMBURSEMENT R | | |
| Correspondence | | | | | | (FOI dist | rict, county and OP | r use only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | | school district (dist | , | | , |
| | ansport or provide | | the student(s) t | o and from the schoo | ol or bus stop on th | o as the District(s). ne days when school is in the reported on the contra | session. The parent or guar | dian assures that a licens | ed and |
| In March and June transported for the | , the District shall p past semester. | ay the parent the | e sum officially a | approved in the applic | ation upon certific | | rincipal of the school of the n | umber of days the student | (s) was |
| This contract shall | terminate at the er | d of the school y | ear or when the | student(s) is no long | | e information accompany ool, whichever occurs firs | | Dete | |
| Elementary School West Valley Elem | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | <u> </u> | l attes | t that the above | information is | s true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 |)-2501 | | ue to School Cl | | | |
|---|--|---|--|--|---|--|
| Elementary District Responsible for Re | eimbursing the Contra | ct | Cou | inty | | Legal Entity |
| West Valley Elem | | | Fla | ithead | | 1184 |
| High School or K-12 District Responsit | ole for Reimbursing th | e Contract | Cou | | | Legal Entity |
| | | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high | school? | | | | |
| Are you applying for isolation state (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA |) | | Student N | Name | School | Grade |
| rates for special circumstances of isola increased rates, individual circumstanct trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In ces must be reviewed sportation committee, | order to receive and approved by the and the Office of | Student N | Name | School | Grade |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has b | • | Student N | Name | School | Grade |
| | Initials □ no | _ | Student N | Name | School | Grade |
| | □ no □ no | <u> </u> | | NTRACT IS FO | DR: | |
| Parent or Guardian Name: (Pleas | e Print) | | Grades 1 □ 1st Se | -12 mester Only | □ 2nd Semester On | ly Both Semesters |
| Denise Schlegel | | | Pre-kinde | ergarten/Kinder | garten | |
| Physical Address (street address | only): | | | | | ly Doth Semesters |
| Distance from home to nearest so Elementary 4.5 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board | us stop, if any (one | ed by this contract. 8 9-12 | Kinderga by this c To or fror To or fror Kinderga To or fror To or fror Deadlin PARENT CLERKS files. COUNTY | arten child ride ontract: m Bus Stop m School arten child ride m Bus Stop m School Sc | times per day, times | days per week days per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a |
| Correspondence | | | | (For dist | rict, county and OP | I use only) |
| Reg. Contingency Spec. Ed. Contin. | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by |
| Agreement between parent (parent (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stude 2. In March and June, the District shall by transported for the past semester. 3. The payment shall be computed on the 4. This contract shall terminate at the errors. | transportation for the stud nts. Mileage contracts are pay the parent the sum off the basis of the schedule e | ent(s) to and from the school e valid only when transporta ficially approved in the applic established in Section 20-10- | offer referred to as of or bus stop on the dation for the distance re- cation upon certification. | ys when school is in corted on the contra by the teacher or p prmation accompany | session. The parent or guar ct actually occurs. rincipal of the school of the nuring this contract. | |
| Elementary School District West Valley Elem | Chair, Board of T | | , | | | Date |
| High School District | Chair, Board of T | rustees | | | | Date |
| | <u>' </u> | attest that the above | information is tru | ie and correct. | | <u> </u> |
| Signature - Parent or Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | ue to Schoo | | | | |
|--|---|--|---|------------------------------|--|--|--|---|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | = |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | _ |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mhursement | Stude | ent Name | School | Grade | |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appoint and the mittee, and the | to receive pproved by the | Stude | ent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Stude | ent Name | School | Grade | |
| Elem District Approval | | □ no | tials | | Stude | ent Name | School | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester On | lly □ Both Semesters | |
| Douglas Amuno | Ison | | | | Pre-k | indergarten/Kinder | narten | | |
| Physical Address (s | treet address | only): | | | | | | lly Both Semesters | |
| Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for o | HS 0 e to nearest bu HS 0 | | | | Kind by th To or To or Kind To or | is contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day, times per day, times per day, ses without other scho times per day, | days per week days per week days per week ool-age students: days per week days per week days per week | 1 |
| Students in Each Grade L | | the students to b | e covered by th | iis contract. | Dea | dlines: | | | |
| | Pre-K | К | 1-8 | 9-12 | PARI | ENTS: Due to Sch | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLEI files. | RKS: Send origina | I to County Supt by Ju | ıly 1, retain a copy for your | |
| Regular Trans | | | | | | NTV CHDEDINITEN | IDENTS, Sand origin | al to OPI by July 10, rotain a | |
| Spec. Ed. Trans | | | | | | for your files. | DENTS. Send ongin | al to OPI by July 10, retain a | |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | rict, county and OP | r use only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | = |
| Agreement between | n parent (pare | nt name) | | | , and | school district (dist | rict name) | , | |
| (county name) The parties agree as follow | | | | County, hereinat | fter referred t | o as the District(s). | | | |
| The parent shall tra | ansport or provide | | | | | ne days when school is in se reported on the contra | | rdian assures that a licensed and | |
| | , the District shall p | | | | | | | umber of days the student(s) was | |
| The payment shall | be computed on the | | | | | e information accompany | | | |
| Elementary School | | | ard of Truste | | 551104 111 361 | | | Date | _ |
| West Valley Elem High School District | : | Chair, Boa | ard of Truste | ees | | | | Date | |
| | | | Lattee | et that the above | information | e true and correct | | | _ |
| Signature - Parent or | Guardian | | i alles | שני נוופ מטטעפ | iiiiOiiiialiOff f | s true and correct. | Date | | _ |
| orginature - i arent or | -uui uiaii | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|---|---|--|---|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residenc es must be revi portation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initia no no no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Dwandi Camero Physical Address (s | | only (): | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | ☐ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 3.1 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | is stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week da |
| Correspondence | | | | | | | rict, county and OP | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sche | ne student(s) to acts are valid o sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or gual at actually occurs. incipal of the school of the ning this contract. | rdian assures that a licensed and umber of days the student(s) was |
| High School District | | Chair, Board of Trustees | | | | | | Date |
| I attest that the above in | | | | | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |
| | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|--------------------------------------|----------------------|-----------------------------------|--------------------------|------------------|--|--|---------------------------------|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| West Valley Ele | | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo | | | □ No | | Stu | dent Name | School | Grade |
| (If yes, please attact ISOLATION: Section | 20-10-142, MC/ | A, provides for | | | | 30 | 33.133. | 5.445 |
| rates for special circum increased rates, individ | dual circumstand | ces must be re | viewed and a | pproved by the | Stu | dent Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | | |
| Check here only if incr | | | | oproved by the | Stu | dent Name | School | Grade |
| District Trustees and t | Ť | Ini | itials | | Stu | dent Name | School | Grade |
| Elem District Approval HS District Approval County Approval | □ yes | □ no □ no □ no | | | THI | S CONTRACT IS FO | OR. | |
| Parent or Guardian | | | | | Gra | des 1-12 st Semester Only | ☐ 2nd Semester Only | y □ Both Semesters |
| Elizabeth Martir | า | | | | | , | • | y Doin Semesters |
| Physical Address (s | | only): | | | | -kindergarten/Kinder st Semester Only | | y Both Semesters |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home | e to nearest so | chool (one wa | ay) | | by t | his contract: | | age students also covered |
| Elementary 5.2 | HS 0 | | | | Too | or from Bus Stop | times per day, _ | days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if an | y (one way) | | Kin | dergarten child ride | es without other scho | ol-age students: |
| □ Contract is for o | | | | | To | or from School | times per day, _ times per day, _ | days per week days per week |
| Students in Each Grade L | , , | the students to b | be covered by th | is contract. | De | adlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PAI | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLI files | | to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS. Sand origina | ıl to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS. Send ongina | ii to OPI by July 10, letaill a |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Doimh | uraamant rata ja datarn | ained by |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | nined by |
| opeo. Ed. Comm. | | | | | | | | |
| A | | -1 | | | | dbl di-tri-t (di-t | data a sussa | |
| Agreement between | n parent (pare | nt name) | | | | | rict name) | , |
| (county name) The parties agree as follow | | | | 3, | | I to as the District(s). | | ian assures that a licensed and |
| insured driver will t | transport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the dista | ince reported on the contract | ct actually occurs. | mber of days the student(s) was |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the so | chedule establis | hed in Section 20-10-1 | 42, MCA, and | the information accompany | ring this contract. | |
| Elementary School | | | year or when the ard of Truste | | er enrolled in s | chool, whichever occurs firs | it. | Date |
| West Valley Elem High School District | t | Chair, Boa | ard of Truste | es | | | | Date |
| | | , | | | | to American III | | |
| Signature - Parent or | Guardian | | I attes | t that the above | information | is true and correct. | Date | |
| orginature - Fareill Or | Juai uiai i | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 2 Helena, M | 02501 T 59620-2501 | | | Due to School Clerk June 1 | | | | |
|---|--|---|--|--|---|--|--|--|
| Elementary District Respons | ible for Reimbursing the | Contract | | County | | Legal Entity | | |
| West Valley Elem | | | | Flathead | | 1184 | | |
| High School or K-12 District | Responsible for Reimbu | rsing the Contract | | County | | Legal Entity | | |
| | | | | | | | | |
| Is this contract shared be ☐ yes ☐ no | tween elementary an | d high school? | | | | | | |
| Are you applying for isola (If yes, please attach exp ISOLATION: Section 20-10 | lanation) | □ No | | dent Name | School | Grade | | |
| rates for special circumstand increased rates, individual c trustees of the district, the co Public Instruction. (10.7.116 | ces of isolation of resider rcumstances must be re ounty transportation com | ice. In order to receiv viewed and approved mittee, and the Office | by the Stu | dent Name | School | Grade | | |
| Check here only if increased District Trustees and the Co | payment due to isolatio | n has been approved | by the Stu | dent Name | School | Grade | | |
| Elem District Approval | /es 🗆 no | tials | Stu | dent Name | School | Grade | | |
| | yes □ no yes □ no | | | IS CONTRACT IS FO | DR: | | | |
| Parent or Guardian Nam | e: (Please Print) | | | ades 1-12 1st Semester Only | □ 2nd Semester Only | y □ Both Semesters | | |
| Erin Bankhardt | | | Pre | e-kindergarten/Kinder | narten | | | |
| Physical Address (street | address only): | | | | ☐ 2nd Semester Only | y Both Semesters | | |
| Distance from home to n Elementary 0 HS Contract is for one-w Students in Each Grade Level - C | earest bus stop, if any only | (one way) He covered by this contract 1-8 9- | ct. De riles CL | this contract: or from Bus Stop or from School indergarten child ride or from Bus Stop or from School eadlines: RENTS: Due to Sch ERKS: Send originals. OUNTY SUPERINTEN by for your files. RECOUNTY SUPERINTEN FOR FOR JUNE 100 JU | times per day, | days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only) | | |
| Contingency Spec. Ed. Contin. | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | | |
| insured driver will transport In March and June, the D transported for the past s The payment shall be con | or provide transportation for rt the students. Mileage consistrict shall pay the parent the emester. Inputed on the basis of the scate at the end of the school of the sch | the student(s) to and from tracts are valid only where a sum officially approved whedule established in Se | m the school or bus stop on transportation for the dist in the application upon cerction 20-10-142, MCA, and | ance reported on the contra tification by the teacher or p d the information accompany | session. The parent or guardict actually occurs. rincipal of the school of the nur | ian assures that a licensed and mber of days the student(s) was Date Date | | |
| | <u> </u> | I attest that the | he above information | n is true and correct. | | | | |
| Signature - Parent or Guar | dian | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | Due to School Clerk June 1 | | | | |
|---|-----------------------------------|----------------------|--------------------|------------------------|----------------------------|---|--|----------------------------------|--------------|
| Elementary District Res | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 Di | strict Responsil | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share | ed between el | ementary ar | d high school | ol? | | | | | |
| Are you applying for | isolation stat | us? □ Yes | □ No | | Stud | ent Name | School | Grad | - |
| (If yes, please attack ISOLATION: Section 2 | n explanation) 20-10-142, MCA |) A, provides for | increased reir | mbursement | Stud | ent ivame | 301001 | Grad | ie |
| rates for special circum increased rates, individ | stances of isola | ation of resider | nce. In order t | o receive | Stud | ent Name | School | Grad | _ de |
| trustees of the district, Public Instruction. (10.7) | | | | e Office of | | | | | |
| Check here only if incre | | | | proved by the | Stud | ent Name | School | Grad | le |
| District Trustees and th | - | | mittee. itials | | Ctud | ent Name | School | Grad | _ |
| Elem District Approval HS District Approval | | □ no □ no | | | | | | Grau | 16 |
| County Approval Parent or Guardian | | no | | | Grad | CONTRACT IS FO es 1-12 | <u> </u> | | |
| | rtanic. (i icas | C i ility | | | □ 1s | t Semester Only | 2nd Semester Onl | y Both Semesters | |
| Erin Long Physical Address (s | treet address | only): | | | | rindergarten/Kinder | | y □ Both Semesters | |
| | | | | | | · | | y Bour competers | |
| Distance from home | to nearest so | chool (one w | av) | | Kind | | es <u>with</u> other school- | age students also cover | red |
| Elementary 5 | HS 0 | niooi (one wa | ду) | | To o | is contract: from Bus Stop | times per day, _ | days per wee | k |
| Distance from home | | us stop, if an | y (one way) | | To or Kind | from School ergarten child ride | times per day, _ es <u>without</u> other scho | days per weel | k |
| Elementary 0 | HS 0 | | | | To o | from Bus Stop | times per day, _ | days per weel days per weel | k |
| ☐ Contract is for or | , , | | | | | | umoo por day, _ | days por woo | |
| Students in Each Grade Le | - | | | | <u>Dea</u> PAR | dlines: ENTS: Due to Sch | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | RKS: Send original | to County Supt by Jul | y 1, retain a copy for you | ır |
| Regular Trans | | | | | files. | J | , , , | | |
| Spec. Ed. Trans | | | | | | NTY SUPERINTEN for your files. | IDENTS: Send origina | al to OPI by July 10, retain | n a |
| Room & Board | | | | | 337) | | IMBURSEMENT RA | ΔTF | |
| | | | | | | | rict, county and OPI | | |
| Correspondence | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is detern 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | | |
| | | | | | | | | | |
| Agreement between | parent (pare | nt name) | | | , and | school district (distr | rict name) | | |
| (county name) | | | | County, hereinaf | fter referred | to as the District(s). | | | |
| | nsport or provide | | | | | he days when school is in | | lian assures that a licensed and | |
| In March and June, transported for the | the District shall past semester. | pay the parent the | e sum officially a | pproved in the applica | ation upon certifi | cation by the teacher or p | rincipal of the school of the nu | mber of days the student(s) was | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | ne information accompany nool, whichever occurs firs | | | |
| Elementary School I West Valley Elem | | , | ard of Truste | | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | I attes | t that the above | information | s true and correct. | | <u> </u> | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|---------------------------------------|--------------------|---------------------|--------------------------|----------------------------|------------------------------|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | • |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | ent Name | School | Grade |
| (If yes, please attac | | | increased reir | mbursement | Stude | iii ivaiiie | School | Orace |
| rates for special circun increased rates, individ | nstances of isola dual circumstand | ation of residen | ce. In order t | o receive oproved by the | Stude | nt Name | School | Grade |
| trustees of the district, Public Instruction. (10. | | | | e Office of | - | | | |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | ent Name | School | Grade |
| Elem District Approval | • | □ no | tials | | Stude | nt Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Erin Reed | | | | | Pre-ki | indergarten/Kinder | narten | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters |
| | | | | | | ERGARTEN/PRE | | |
| Distance from home Elementary 4.1 | e to nearest so HS 0 | hool (one wa | ay) | | by thi | is contract: | | ge students also covered days per week |
| Distance from home | | ıs stop, if any | (one way) | | To or Kind e | from School | times per day, _ times per day, _ s without other school | days per week days per week ol-age students: |
| Elementary 0 | HS 0 | | | | To or | from Bus Stop | times per day, | days per week days per week |
| □ Contract is for o | ne-way only | | | | | | times per day, _ | days per week |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | dlines: ENTS: Due to Scho | ool Clerk June 1. | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | KS: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | files. | ITY CUREDINTEN | IDENTS. Cond origina | I to ODI by July 40 matrix a |
| Spec. Ed. Trans | | | | | | for your files. | i DEN 13 : Send ongina | I to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | | Reimbi | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agraement between | naront (naro | at nama) | | | and | ashaal diatriat (diatr | rict name) | |
| Agreement betweer | граген (раге | it riame) | | | | | ict name) | ······································ |
| (county name) The parties agree as follow | | | | • | | o as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid of | only when transportation | on for the distanc | e reported on the contract | ct actually occurs. | ian assures that a licensed and nber of days the student(s) was |
| transported for the | past semester. | | • | | • | e information accompany | · | indoi oi days the student(5) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | | ool, whichever occurs firs | | Date |
| West Valley Elem High School District | | , | rd of Truste | | | | | Date |
| riigii Scriooi District | | Chall, D0a | iiu oi iiusle | ್ರ | | | | Date |
| | | | I attes | t that the above i | information is | s true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|--|--|---|--|--|--|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimburs | ing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circum increased rates, individual trustees of the district, | nstances of isola dual circumstance the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | District Trustees and the County Transportation Committee. Initials Elem District Approval | | | | | | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Parent or Guardian Name: (Please Print) | | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Grant Rasmuss | | | | | Pre- | -kindergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, es without other schi- times per day, tool Clerk June 1. | days per week da |
| Correspondence Reg. | | | | | | , | ursement rate is deter | • , |
| Contingency Spec. Ed. Contin. | | | | | | Reinbl | 20-10-142, MCA. | Timieu Dy |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for the state. Mileage contral the same basis of the schelage to the same basis of the schelage that the same that t | ne student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportatic pproved in the applica and in Section 20-10-1 | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Board | d of Truste | es | | | | Date |
| | | | I attes | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ool Clerk June 1 | | | | |
|---|--------------------------------------|----------------------|-----------------------------------|--------------------------|--|------------------------------|-------------------------|--|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | | |
| West Valley Ele | | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsil | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | red between el | lementary ar | nd high scho | ol? | | | | | | |
| Are you applying fo | | | □ No | | Stu | dent Name | School | Grade | | |
| (If yes, please attact ISOLATION: Section | 20-10-142, MCA | A, provides for | | | Olu | done ramo | 3011001 | Sidds | | |
| rates for special circur increased rates, individual | dual circumstand | ces must be re | viewed and a | pproved by the | Stu | dent Name | School | Grade | | |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | | | | |
| Check here only if incr | | | | oproved by the | Stu | dent Name | School | Grade | | |
| District Trustees and t | Ť | In | itials | | Stu | dent Name | School | Grade | | |
| Elem District Approval HS District Approval County Approval | □ yes | □ no □ no □ no | 10 | | | THIS CONTRACT IS FOR: | | | | |
| Parent or Guardian | | | | | | des 1-12 | <u> </u> | y Deth Comesters | | |
| Greg & Cathy D |)ulin | | | | □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| Physical Address (s | street address | only): | | | Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | | |
| | | | | | KIN | IDERGARTEN/PREI | KINDERGARTEN: | | | |
| Distance from home | e to nearest so | chool (one wa | ay) | | | dergarten child ride | es with other school-a | age students also covered | | |
| Elementary 3.6 HS 0 | | | | | To | or from Bus Stop | times per day, _ | days per week days per week | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if an | y (one way) | | Kin | dergarten child ride | es without other scho | ol-age students: | | |
| □ Contract is for o | | | | | To | or from School | times per day, _ | days per week days per week | | |
| Students in Each Grade L | , , | the students to I | be covered by th | is contract. | De | adlines: | | | | |
| | Pre-K | К | 1-8 | 9-12 | PAI | RENTS: Due to Sch | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLI files | | I to County Supt by Jul | y 1, retain a copy for your | | |
| Regular Trans | | | | | | | IDENTS: Sand origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | | y for your files. | IDEN 13. Sena ongma | ii to OPI by July 10, letaill a | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | - Boimb | ursement rate is detern | ningd by | | |
| Contingency Spec. Ed. Contin. | | | | | | Reimb | 20-10-142, MCA. | ninea by | | |
| opeo. Ed. Contin. | | | | | | | | | | |
| A super super and the adviser of | (| nt nome) | | | | d district (dist | wint manner) | | | |
| Agreement between | п рагені (раге | nt name) | | | | | rict name) | ······································ | | |
| (county name) The parties agree as follow The parent shall to | | transportation fo | | 3, | | to as the District(s). | | lian assures that a licensed and | | |
| insured driver will | transport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the dista | ance reported on the contra | ct actually occurs. | mber of days the student(s) was | | |
| transported for the 3. The payment shall | past semester. I be computed on the | ne basis of the so | chedule establis | hed in Section 20-10-1 | 142, MCA, and | the information accompany | ving this contract. | ,, | | |
| Elementary School | | | year or when the ard of Truste | | er enrolled in s | chool, whichever occurs firs | ST. | Date | | |
| West Valley Elem High School District | t | Chair, Boa | ard of Truste | es | | | | Date | | |
| | | | | | informati: | io truo and a | | | | |
| Signature - Parent or | Guardian | | ı attes | t that the above | intormation | is true and correct. | Date | | | |
| | | | | | | | 1 | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | | r 2005- 2006 ol Clerk June 1 | | | |
|---|---|--|---|--------------------------|--|--|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbur | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) |) | □ No | mhursement | Stud | ent Name | School | | Grade |
| rates for special circun increased rates, indivic trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of residen ces must be rev sportation comi | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Stud | ent Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | proved by the | Stud | ent Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stud | ent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 st Semester Only | □ 2nd Semester On | nly □ Both Seme | esters |
| Gregory Orr | | | | | Pre-kindergarten/Kindergarten | | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Or | nly ☐ Both Seme | esters |
| Distance from home Elementary 3.8 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kind by th To or To or Kind To or To or PAR CLE files. | is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch RKS: Send origina NTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, | days p days p days p ool-age students: days p days p days p days p days p | er week er week er week er week |
| A | | -t | | | | | siat mana) | | |
| Agreement betweer | ı parent (parei | name) | | | | school district (dist | , | | , |
| insured driver will t | insport or provide transport the studer | nts. Mileage conf | the student(s) to | o and from the school | I or bus stop on t | ce reported on the contra | session. The parent or guar | | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the sc | hedule establish | ned in Section 20-10- | 142, MCA, and tl | ne information accompany | ving this contract. | ambor of days the Studen | ilia) was |
| | terminate at the er | nd of the school y | | student(s) is no longe | | nool, whichever occurs firs | | Date | |
| West Valley Elem High School District | | , | rd of Truste | | | | | Date | |
| g.r concor biother | | Criair, Boa | | | | | | Date | |
| | | | I attes | t that the above | information | s true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Elementary District Responsible for Reimbursing the Contract County Lege Entity | | 3ox 202501 na, MT 59620 |)-2501 | | | | l Clerk June 1 | | | |
|--|---|---|---|---|---------------------------|--|--|--|---|---|
| Is this contract shared between elementary and high school? yes | Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| Is this contract shared between elementary and high school? yes | West Valley Ele | m | | | | | Flathead | | 1184 | |
| Agreement between parent (parent name) Regular Trans Regular Tra | High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | | | | |
| Agreement between parent (parent name) Regular Trans Regular Tra | | | | | | | | | | |
| Student Name | | ed between el | ementary an | d high scho | ol? | | | | | |
| Student Name School Grade Check here only if increased approved by the public instruction. (10.7.116_ARM provides guidelines for such.) | (If yes, please attac | h explanation) |) | | mbursement | Stude | ent Name | School | Grade | |
| Student Name School Grade Student Name School Grade S | rates for special circun increased rates, individ trustees of the district, | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and appoint and the mittee, and the contraction in the contractio | to receive pproved by the | Stude | ent Name | School | Grade | |
| Student Name School Grade HSD Issitict Approval yes no | Check here only if incr | eased payment | due to isolation | n has been ap | pproved by the | Stude | ent Name | School | Grade | |
| This CONTRACT IS FOR: Grades 1-12 Farent or Guardian Name: (Please Print) Hilary R. Ambrose Physical Address (street address only): Distance from home to nearest school (one way) Elementary 3.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0. HS 0 Contract is for one-way only Sudents in Each Grade Level - Only include the abdretts to be covered by this contract: To or from School times per day, days per week Kindergarten Child rides without other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten Child rides without other school-age students also covered by this contract: To or from Bus Stop times per day, days per week Kindergarten Child rides without other school-age students also covered by this contract: To or from School times per day, days per week Kindergarten Child rides without other school-age students To or from School times per day, days per week Kindergarten Child rides without other school-age students Begular Trans Spec. Ed. Trans Regular Trans Room & Board Correspondence Reg. Courty superintendents: Reg. Courty Superintendents: Reg. Reg. Reg. Courty Superintendents: ReimBurssEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name) County in the parent selection. The parent or pardian assures that a licensed and the parent selection. The parent or pardian assures that a licensed and the parent selection of the school only when transportation for the school or the school o | | | □ no | tials | | Stude | ent Name | School | Grade | : |
| Statement (| County Approval | | | | | | | DR: | | |
| Physical Address (street address only): Semester Only 2nd Semester Only Both Semesters | Parent or Guardian | Name: (Pleas | e Print) | | | | | □ 2nd Semester On | ly Both Semesters | |
| Ist Semester Only 2nd Semester Only Both Semesters | | | | | | Pre-k | indergarten/Kinder | garten | | |
| Distance from home to nearest school (one way) Elementary 3.5 | Physical Address (s | treet address | only): | | | | | | ly Both Semesters | |
| Pre-K Total | Elementary 3.5 Distance from home Elementary 0 | HS 0 e to nearest bu HS 0 | | | | Kind by th To or To or Kind To or | ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day, | days per week days per week days per week bol-age students: days per week | |
| Regular Trans Spec. Ed. Trans Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) Double transported the students students are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall party harparent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. In the party name of the school of the number of days the student(s) was transported for the past semester. In the parkent shall transport are the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. In the party name of the school of the number of days the student(s) was transported for the past semester. In the parkent shall transport are the sum officially approved in the application of the distance reported on the contract shall park near the sum officially approved in the application upon certification by the teacher or principal of the school of the number | Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | <u>Dea</u> | dlines: | a al Olamba Ivor a 4 | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name) County name) County name) County hereinafter referred to as the District (district name) In the part shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport do the past semester. In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. In March and June, the Dompited on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. In This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. In Support School District Chair, Board of Trustees I attest that the above information is true and correct. | | | | | - | | | | | |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | | Total | Total | Total | Total | | RKS: Send origina | I to County Supt by Ju | ly 1, retain a copy for your | |
| Reimbursement rate is determined by 20-10-142, MCA. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contracts shall remainate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District | • | | | | | | | IDENTS: Send origina | al to OPI by July 10, retain | а |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application portification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date | | | | | | сору | | IMBLIDSEMENT D | ATE | |
| Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parent shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct. | | | | | | | | | | |
| Agreement between parent (parent name) | Reg. | | | | | | - Poimb | uraamant rata ja datar | minod by | |
| Agreement between parent (parent name) | 0 , | | | | | | Keiilib | | inined by | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | -poo. 23. 00mm. | | | | | | | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | Agreement between | n parent (pare | nt name) | | | and | school district (dist | rict name) | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schoolule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | | r paroni (paro | | | | | • | / | | , |
| insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees I attest that the above information is true and correct. | The parties agree as follow | | | | • | | () | | | |
| transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | tion for the distan | ce reported on the contra | ct actually occurs. | | |
| 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | transported for the | past semester. | | • | | | | · | umber of days the student(s) was | |
| West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | | | <u></u> | |
| High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | | District | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | <u> </u> | l attes | t that the above | information i | s true and correct. | | | _ |
| O'BINATA I AIVIN OF CAMPAINT | Signature - Parent or | Guardian | | | | | | Date | | _ |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|---|--|--|--|--|--|---|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Parent or Guardian Name: (Please Print) | | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Janice A. Ward Physical Address (s | troot address | only): | | | | -kindergarten/Kinderg | | |
| Friysical Address (s | lieel address | Offig). | | | | • | | lly Both Semesters |
| Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by t To c Kin To c To c De PAR GLE | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week days per week days per week ool-age students: days per week |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (1 1 1 1 | , | ,, |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbu | ursement rate is deter 20-10-142, MCA. | mined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for t tts. Mileage contr ay the parent the ne basis of the sch | he student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| West Valley Elem | | · | | | | | | |
| High School District Chair, Board of Trustees | | | | | | | Date | |
| | | | I attes | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|---------------------------------------|--------------------|---------------------|--------------------------|-----------------------|---|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | nt Name | School | Grade |
| (If yes, please attac | | | increased reir | mbursement | Stude | iit ivaille | OCHOOL | Orace |
| rates for special circun increased rates, individ trustees of the district, | nstances of isola dual circumstand | ation of residen | ce. In order t | o receive oproved by the | Stude | nt Name | School | Grade |
| Public Instruction. (10. | | | | | Stude | nt Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | oproved by the | Oludo | nt Hume | Conoci | Grade |
| Elem District Approval | • | □ no | tials ——— | | Stude | nt Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | R: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Janie Baker | | | | | Pre-ki | ndergarten/Kinder | parten | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters |
| | | | | | | ERGARTEN/PRE | | |
| Distance from home Elementary 4.5 | e to nearest so | hool (one wa | ay) | | by thi | s contract: | | ge students also covered days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or Kinde | from School ergarten child ride | times per day, _ s without other scho | days per week ol-age students: |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week days per week |
| Students in Each Grade Lo | , , | the students to b | e covered by th | is contract. | Dead | dlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PARE | NTS: Due to Scho | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLER files. | KS: Send original | to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | COUN | ITY SUPERINTEN | DENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | or your files. | DENTO: Cond origina | Tto Of Fby daily To, Totalif a |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (For dist | nct, county and OFT | use offiy) |
| Reg. | | | | | | Reimbi | ursement rate is determ | nined by |
| Contingency Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| | | | | | | 1 1 1 1 1 1 1 1 1 1 | . , | |
| Agreement betweer | n parent (parei | nt name) | | | | | ict name) | , |
| (county name) The parties agree as follow | | | | • | | o as the District(s). | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid of | only when transportation | on for the distanc | e reported on the contract | t actually occurs. | an assures that a licensed and |
| transported for the | past semester. | | • | | • | | · | nber of days the student(s) was |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | e information accompany ool, whichever occurs firs | | Data |
| Elementary School West Valley Elem | | , | rd of Truste | | | | | Date |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above i | information is | true and correct. | | <u> </u> |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|---|---|---|--|--|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high scho | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ition of residences must be rev sportation comm | ce. In order to iewed and appointed, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | Init □ no | | | Stud | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | arent or Guardian Name: (Please Print) | | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Jessica Kruege Physical Address (s | troot address | only): | | | | -kindergarten/Kinder | | |
| 1 Hysical Address (s | illeet address | orny <i>)</i> . | | | | · | | nly Both Semesters |
| Distance from home to nearest school (one way) Elementary 5.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. | | | | | Kin by t To c Kin To c To c | this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day, | days per week days per week days per week ool-age students: days per week days per week days per week days per week |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | ERKS: Send original | to County Supt by Ju | uly 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origin | nal to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OP | riuse only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | rmined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | | d school district (dist | , | , |
| insured driver will to 2. In March and June transported for the | ansport or provide t ransport the studer , the District shall p past semester. | nts. Mileage control oay the parent the | the student(s) to racts are valid of sum officially a | o and from the school only when transportation pproved in the applica | or bus stop or on for the dista ation upon cert | ince reported on the contract | session. The parent or guar ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and number of days the student(s) was |
| | terminate at the er | | ear or when the | student(s) is no longe | | chool, whichever occurs firs | | Date |
| West Valley Elem High School District | | Chair, Boa | | | | | | Date |
| | | | Lottes | t that the above | informatic - | in true and correct | | |
| Signature - Parent or | Guardian | | ı attes | t triat trie above | iniormation | is true and correct. | Date | |
| Signature - Larent Of | -auraian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | | |
|--|--|---|---|---|--|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the C | Contract | | | County | | Legal Entity | |
| West Valley Ele | em | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| Is this contract shar □ yes □ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying fo | | | □ No | | Stud | dent Name | School | Grade | |
| (If yes, please attact ISOLATION: Section rates for special circum | 20-10-142, MCAnstances of isola | A, provides for in ation of residenc | e. In order to | o receive | Stud | dent Name | School | Grade | |
| increased rates, individual trustees of the district, Public Instruction. (10. | the county trans | sportation comm | ittee, and the | | | | | | |
| Check here only if incr District Trustees and the | | | nittee. | proved by the | | dent Name | School | Grade | |
| Elem District Approval HS District Approval | | □ no | | | | dent Name | School | Grade | |
| County Approval Parent or Guardian | □ yes | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| | name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester O | nly Both Semesters | |
| John Hoppner Physical Address (s | street address | only): | | | | kindergarten/Kinder st Semester Only | | nly ☐ Both Semesters | |
| Distance from home Elementary 8.6 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | e to nearest so HS 0 e to nearest bu HS 0 ne-way only | shool (one way | (one way) | s contract. 9-12 Total | KIN Kind by the Took Kind Took Took Took Took Took Took Took Too | DERGARTEN/PREVIDENCE CONTROL OF THE PREVIOUS CONTROL O | times per day, | days per week da | |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ws: ansport or provide I transport the studer , the District shall p past semester. be computed on the terminate at the er District | transportation for the state of the same transportation for the same transport the same basis of the scheme transport to the same transport transport transport transport transport transport transport transport transport | ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste | o and from the school only when transportati pproved in the applice led in Section 20-10-1 student(s) is no longe | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or gua ct actually occurs. rincipal of the school of the r | ardian assures that a licensed and number of days the student(s) was Date Date | |
| | | | l attes | t that the above | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | i allos | at the above | | and and correct. | Date | | |
| • | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | ue to School | 2005- 2006 Clerk June 1 | | | |
|---|---|--|---|--|--|--|--|---|--------------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) |) | □ No | mbursement | Stude | nt Name | School | | Grade |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and appoint and the mittee, and the contraction in the contractio | o receive oproved by the | Stude | nt Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Stude | nt Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stude | nt Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester On | lly □ Both Semes | ters |
| Joy Abernathy | | | | | Pre-ki | ndergarten/Kinder | raarten | | |
| Physical Address (s | treet address | only): | | | | | □ 2nd Semester On | ly Both Semes | ters |
| Distance from home Elementary 5.7 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | / (one way) | is contract. 9-12 Total | Kinde by thi To or To or Kinde To or To or To or Deac PARE files. | ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Sch KS: Send origina | KINDERGARTEN: es with other school- times per day, times per day, es without other scho times per day, | days pe days pe days pe col-age students: days pe days pe | r week r week r week r week |
| Spec. Ed. Trans | | | | | copy f | or your files. | | | |
| Room & Board Correspondence | | | | | | | EIMBURSEMENT R trict, county and OP | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by | |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 111071. | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide transport the studer, the District shall past semester. be computed on the | transportation for nts. Mileage con pay the parent the ne basis of the so | the student(s) tracts are valid to sum officially a | o and from the schoo only when transportat approved in the applic ned in Section 20-10- | fter referred to of or bus stop on the dion for the distance action upon certifica 142, MCA, and the | e reported on the contra | n session. The parent or guar ct actually occurs. rincipal of the school of the ni ying this contract. | | |
| Elementary School | | | ard of Truste | | o. omonou m solic | S., WINGTON GOODS IIIS | ~·· | Date | |
| West Valley Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | l attes | t that the above | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | Talles | t that the above | omation is | and direction | Date | | |
| | | | | | | | I . | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | ue to School | 2005- 2006 Clerk June 1 | | | |
|---|---|--|---|--|--|--|--|---|--------------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) |) | □ No | mbursement | Stude | nt Name | School | | Grade |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of resident ces must be resportation com | ice. In order to viewed and appoint and the mittee, and the contraction in the contractio | o receive oproved by the | Stude | nt Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Stude | nt Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stude | nt Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester On | lly □ Both Semes | ters |
| Joy Abernathy | | | | | Pre-ki | ndergarten/Kinder | raarten | | |
| Physical Address (s | treet address | only): | | | | | □ 2nd Semester On | ly Both Semes | ters |
| Distance from home Elementary 5.7 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | / (one way) | is contract. 9-12 Total | Kinde by thi To or To or Kinde To or To or To or Deac PARE files. | ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Sch KS: Send origina | KINDERGARTEN: es with other school- times per day, times per day, es without other scho times per day, | days pe days pe days pe col-age students: days pe days pe | r week r week r week r week |
| Spec. Ed. Trans | | | | | copy f | or your files. | | | |
| Room & Board Correspondence | | | | | | | EIMBURSEMENT R trict, county and OP | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by | |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 111071. | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide transport the studer, the District shall past semester. be computed on the | transportation for nts. Mileage con pay the parent the ne basis of the so | the student(s) tracts are valid to sum officially a | o and from the schoo only when transportat approved in the applic ned in Section 20-10- | fter referred to of or bus stop on the dion for the distance action upon certifica 142, MCA, and the | e reported on the contra | n session. The parent or guar ct actually occurs. rincipal of the school of the ni ying this contract. | | |
| Elementary School | | | ard of Truste | | o. omonou m solic | S., WINGTON GOODS IIIS | ~·· | Date | |
| West Valley Elem High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | l attes | t that the above | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | Talles | t that the above | omation is | and direction | Date | | |
| | | | | | | | I . | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | e to School | Clerk June 1 | | |
|---|--------------------------------|--|----------------------------------|--------------------------|---------------------------|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | C | County | | Legal Entity |
| West Valley Ele | m | | | | l F | athead | | 1184 |
| High School or K-12 D | istrict Responsit | ole for Reimbur | rsing the Conf | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying for | | | □ No | | Studer | nt Name | School | Grade |
| (If yes, please attac | 20-10-142, MCA | A, provides for | increased rein | mbursement | | | | |
| rates for special circum increased rates, individ trustees of the district, | dual circumstand | ces must be rev | viewed and ap | oproved by the | Studer | nt Name | School | Grade |
| Public Instruction. (10. | · | , and the second | · | | Studer | nt Name | School | Grade |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | pproved by the | | | | |
| Elem District Approval | | □ no | tials ——— | | Studer | nt Name | School | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grade: □ 1st | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Judi M. LaCroix | | | | | Pre-kir | ndergarten/Kinder | garten | |
| Physical Address (s | treet address | only): | | | □ 1st | Semester Only | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | | | | (INDERGARTEN: | ge students also covered |
| Distance from home Elementary 5.5 | e to nearest so HS 0 | thool (one wa | ıy) | | by this | contract: | | |
| • | | ia atan if ani | , (ana way) | | To or f | rom School | times per day,times per day, | days per week days per week ol-age students: |
| Distance from home Elementary 0 | HS 0 | is stop, ii ariy | (Offe way) | | Kinde i To or f | r garten child ride rom Bus Stop | es <u>without</u> other school times per day, _ | ol-age students: days per week days per week |
| □ Contract is for o | ne-way only | | | | To or f | rom School | times per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | | Ilines: NTS: Due to Scho | ool Clork June 1 | |
| | Pre-K | K | 1-8 | 9-12 Total | | | | |
| D | Total | Total | Total | Total | files. | KS: Send original | to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy fo | or your files. | | |
| Room & Board | | | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | | (i oi dist | nict, county and or r | use offiy) |
| Reg. Contingency | | | | | | Reimbi | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | , |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | and s | chool district (distr | rict name) | |
| | . pa. o (pa. o. | | | | | as the District(s). | | , |
| (county name) The parties agree as follow The parent shall tra | | transportation for | | - | | | session. The parent or quard | ian assures that a licensed and |
| insured driver will t | ransport the stude | nts. Mileage conf | tracts are valid of | only when transportation | on for the distance | reported on the contract | ct actually occurs. | mber of days the student(s) was |
| | be computed on the | | | | | information accompany | | |
| Elementary School | | | ear or when the ird of Truste | | er errolled in school | ol, whichever occurs firs | ı. | Date |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date |
| | | | l otto- | t that the chave: | information in | true and correct | | |
| Signature - Parent or | Guardian | | ı attes | t triat trie above i | imonnation is | true and correct. | Date | |
| • | - | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|--|---------------------------------|------------------------|-----------------|--------------------------|--------------------|--|---|--|
| Elementary District Re | esponsible for Re | eimbursing the (| Contract | | | County | <u> </u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar □ yes □ no | ed between e | lementary and | d high scho | ol? | | | | |
| Are you applying fo | r isolation stat | us? Yes | □ No | | 04 | da ad Nilana | Oakaal | Ozada |
| (If yes, please attac ISOLATION: Section rates for special circum | h explanation 20-10-142, MC/ |) A, provides for i | ncreased rei | mbursement to receive | | dent Name | School | Grade |
| increased rates, individed trustees of the district, Public Instruction. (10.) | the county trans | sportation comn | nittee, and th | | | dent Name | School | Grade |
| Check here only if incr District Trustees and to | | sportation Comr | nittee. | pproved by the | Stud | dent Name | School | Grade |
| Elem District Approval HS District Approval | | Initi □ no | | | Stud | dent Name | School | Grade |
| County Approval | | □ no | | | | S CONTRACT IS FO | OR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Judy Karboski | | | | | Pre- | kindergarten/Kinder | garten | |
| Physical Address (s | street address | only): | | | | | ☐ 2nd Semester Only | / □ Both Semesters |
| | | | | | | DERGARTEN/PRE | | |
| Distance from home Elementary 5.5 | e to nearest so HS 0 | chool (one wa | y) | | bv t | his contract: | | ge students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week |
| □ Contract is for o | ne-way only | | | | 100 | or from School | times per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | | adlines: RENTS: Due to Sch | aal Clark Juna 1 | |
| | Pre-K | K | 1-8 | 9-12 | PAR | KENIS: Due to Sch | ooi Cierk June 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | | COI | JNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | cop | y for your files. | - | |
| Room & Board | | | | | | | EIMBURSEMENT RA rict, county and OPI | |
| Correspondence | | | | | | | , , | 3, |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | 1-> | , and | d school district (dist | rict name) | ······································ |
| (county name) | | | | County hereinaf | ter referred | to as the District(s). | | |
| The parties agree as follow | | transportation for t | | • | | ` , | | ian assures that a licensed and |
| insured driver will t | transport the stude | nts. Mileage conti | racts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | |
| transported for the | past semester. | | • | | • | | · | nber of days the student(s) was |
| | | | | | | the information accompany chool, whichever occurs first | | |
| Elementary School West Valley Elem | District | Chair, Boar | rd of Truste | es | | | | Date |
| High School District | t | Chair, Boar | rd of Truste | es | | | | Date |
| | | | Lattes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | i alles | t that the above | iiioiiialioii | is true and correct. | Date | |
| orginature - Farent Of | Juai Ulai I | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | sox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|------------------------------|-------------------|----------------------------|--------------------|----------------|--|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | sing the Cont | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Stude | ent Name | School | Grade | |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for | increased rein | mbursement | | | | | |
| rates for special circum increased rates, individual trustees of the district, | dual circumstand | es must be re | viewed and ap | oproved by the | Stude | ent Name | School | Grade | |
| Public Instruction. (10. | | | | | Stude | ent Name | School | Grade | |
| Check here only if incre District Trustees and the | | portation Com | mittee. | proved by the | | | 33.133. | 3.443 | |
| Elem District Approval | • | □ no | tials | | Stude | ent Name | School | Grade | |
| HS District Approval County Approval | ounty Approval | | | | | CONTRACT IS FO | R: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 t Semester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Julie Acheson | | | | | Pre-k | indergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | □ 1s | t Semester Only | ☐ 2nd Semester Only | / □ Both Semesters | |
| | | | | | | ERGARTEN/PREM | | ge students also covered | |
| Distance from home Elementary 4.2 | to nearest so HS 0 | hool (one wa | ıy) | | by th | is contract: | | | |
| Distance from home | | is stop if any | (one way) | | To or | from School | times per day, _ | days per week days per week ol-age students: | |
| Elementary 0 | HS 0 | 13 3top, 11 arry | (One way) | | To or | from Bus Stop | s <u>witnout</u> other school times per day, _ | ol-age students: days per week days per week | |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by th | is contract. | | dlines: ENTS: Due to Scho | ool Clerk June 1 | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | | | | / 1, retain a copy for your | |
| Regular Trans | Total | Total | 10141 | Total | files. | tho. Dend onginal | to County Supt by July | 7 1, retain a copy for your | |
| Spec. Ed. Trans | | | | | | | DENTS : Send origina | I to OPI by July 10, retain a | |
| · | | | | | сору | for your files. | IMPLIDOEMENT DA | ATE. | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | | | · | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is determ | nined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and | school district (distr | ict name) | | |
| (county name) | | | | County, hereinaf | ter referred t | o as the District(s). | | | |
| | ansport or provide | | | | | | | ian assures that a licensed and | |
| | , the District shall p | | | | | ce reported on the contract cation by the teacher or pro- | | nber of days the student(s) was | |
| The payment shall | be computed on the | | | | | e information accompany ool, whichever occurs firs | | | |
| Elementary School West Valley Elem | District | Chair, Boa | rd of Truste | es | | | | Date | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | l attes | t that the above i | information is | s true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|---------------------------------------|--------------------|-------------------------------|--------------------------|----------------------|------------------------------|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | • | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | ent Name | School | Grade | |
| (If yes, please attac | | | increased reir | mbursement | Stude | ent Name | OCHOOL | Orace | |
| rates for special circum increased rates, individ | nstances of isola dual circumstand | ation of residen | ice. In order t | o receive oproved by the | Stude | ent Name | School | Grade | |
| trustees of the district, Public Instruction. (10. | | | | e Office of | <u> </u> | | Oalead | Orada | |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | ent Name | School | Grade | |
| Elem District Approval | • | □ no | tials | | Stude | ent Name | School | Grade | |
| HS District Approval County Approval | | | | | | CONTRACT IS FO | PR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 t Semester Only | ☐ 2nd Semester Only | / □ Both Semesters | |
| Julie Brown | | | | | Pre-k | indergarten/Kinder | narten | | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters | |
| | | | | | | ERGARTEN/PRE | | | |
| Distance from home Elementary 3.9 | e to nearest so HS 0 | hool (one wa | ay) | | by th | is contract: | | ge students also covered days per week | |
| Distance from home | | ıs stop, if any | (one way) | | To or Kind | from School | times per day, _ times per day, _ s without other school | days per week days per week ol-age students: | |
| Elementary 0 | HS 0 | | | | To or | from Bus Stop | times per day, | days per week days per week | |
| ☐ Contract is for o | ne-way only | | | | | | times per day, _ | days per week | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | | dlines: ENTS: Due to Scho | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLEF | RKS: Send original | to County Supt by July | / 1, retain a copy for your | |
| Regular Trans | | | | | | NEW OURERINGEN | DENTO Condition | I to ODI by July 40 matein a | |
| Spec. Ed. Trans | | | | | | for your files. | DENTS: Send ongina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is determ | nined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| Agreement betweer | n narent (nare) | nt name) | | | and | echool dietrict (diet | ict name) | | |
| | r parent (paren | it riamo) | | | | | ict name) | , | |
| (county name) The parties agree as follow | | transportation for | | • | | o as the District(s). | aggion. The parent or guard | ian assures that a licensed and | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid of | only when transportation | on for the distand | ce reported on the contract | t actually occurs. | nber of days the student(s) was | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the sc | hedule establish | ned in Section 20-10-1 | I42, MCA, and th | e information accompany | ing this contract. | , | |
| Elementary School | | | ear or when the ard of Truste | | er enrolled in sch | ool, whichever occurs firs | t. | Date | |
| West Valley Elem High School District | : | Chair, Boa | ard of Truste | es | | | | Date | |
| | | , , | | | | | | | |
| Ciamatana Barra | Cuerdina | | I attes | t that the above i | information i | s true and correct. | Data | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | Due to School Clerk June 1 | | | | | | |
|---|-------------------------|--|-------------------|---|---|--|--|--|
| Elementary District Responsible for R | Reimbursing the Co | ntract | | County | | Legal Entity | | |
| West Valley Elem | | | | Flathead | | 1184 | | |
| High School or K-12 District Respons | sible for Reimbursin | g the Contract | | County | | Legal Entity | | |
| | | | | | | | | |
| Is this contract shared between e | elementary and h | igh school? | | | | | | |
| Are you applying for isolation sta | ıtus? □ Yes | □ No | Stu | dent Name | School | Grade | | |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | reased reimbursement | | dent Name | 301001 | Orace | | |
| rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar | lation of residence. | In order to receive wed and approved by the | 04 | dent Name | School | Grade | | |
| Public Instruction. (10.7.116 ARM pro | | | Ctu | dent Name | School | Grade | | |
| Check here only if increased paymen District Trustees and the County Trar | sportation Commit | tee. | ne | dent Name | 301001 | Grade | | |
| Elem District Approval | ☐ no | · | Stu | dent Name | School | Grade | | |
| HS District Approval ☐ yes County Approval ☐ yes | | | | | DR: | | | |
| Parent or Guardian Name: (Plea | se Print) | | | ades 1-12 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Julie Johnson | | | Pre | -kindergarten/Kinder | narten | | | |
| Physical Address (street address | s only): | | | | ☐ 2nd Semester Only | / □ Both Semesters | | |
| | | | | IDERGARTEN/PREI | | | | |
| Distance from home to nearest s Elementary 3.2 HS 0 | school (one way) | | by | this contract: | · · · · · · · · · · · · · · · · · · · | ge students also covered | | |
| Distance from home to nearest b | ous stop, if any (c | ne way) | To Kir | or from Bus Stop or from School | times per day, _ times per day, _ swithout other school | days per week days per week ol-age students: | | |
| Elementary 0 HS 0 | , , , , , , | · • • • • • • • • • • • • • • • • • • • | To | or from School | times per day, | days per week days per week | | |
| □ Contract is for one-way only | | | | | times per day, _ | days per week | | |
| Students in Each Grade Level - Only includ | e the students to be co | overed by this contract. | | eadlines: RENTS: Due to Sch | ool Clerk June 1 | | | |
| Pre-K Total | K Total | 1-8 9-12 Total Total | | | | 1. retain a convitor vous | | |
| Regular Trans | Total | Total Total | file | | to County Supt by July | / 1, retain a copy for your | | |
| Spec. Ed. Trans | | | | UNTY SUPERINTEN by for your files. | IDENTS: Send origina | I to OPI by July 10, retain a | | |
| Room & Board | | | | | EIMBURSEMENT RA | ATE | | |
| Correspondence | | | | | rict, county and OPI | | | |
| Reg. | | | - | _ | | | | |
| Contingency | | | _ | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | | |
| | | | | | | | | |
| Agreement between parent (pare | ent name) | | , ar | nd school district (dist | rict name) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (county name) | | County, he | reinafter referre | d to as the District(s). | | | | |
| The parties agree as follows: 1. The parent shall transport or provide | | | | | | an assures that a licensed and | | |
| insured driver will transport the stud 2. In March and June, the District shall transported for the past semester. | | | | | | nber of days the student(s) was | | |
| The payment shall be computed on This contract shall terminate at the 6 | | | | | | | | |
| Elementary School District West Valley Elem | Chair, Board | | | , | | Date | | |
| High School District | Chair, Board | of Trustees | | | | Date | | |
| | | I attest that the a | bove information | n is true and correct. | | <u> </u> | | |
| Signature - Parent or Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | x 202501 a, MT 59620 | -2501 | | | | ol Clerk June 1 | | | |
|--|-------------------------------|-------------------|------------------|------------------|---------------------|---|--|--|---|
| Elementary District Resp | oonsible for Re | eimbursing the | Contract | | | County | | Legal Entity | _ |
| West Valley Elem | า | | | | | Flathead | | 1184 | |
| High School or K-12 Dis | trict Responsib | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shared ☐ yes ☐ no | d between el | ementary ar | nd high scho | ol? | | | | | |
| Are you applying for i | | | □ No | | Stud | ent Name | School | Grade | |
| (If yes, please attach ISOLATION: Section 20 | explanation) 0-10-142, MCA | A, provides for | increased reir | mbursement | | | G 0 G 0. | 0.440 | |
| rates for special circums increased rates, individu | tances of isola | ition of resider | nce. In order t | o receive | Stud | ent Name | School | Grade | |
| trustees of the district, the Public Instruction. (10.7. | | | | e Office of | | | | | |
| Check here only if increa | ased payment | due to isolatio | n has been ap | proved by the | Stud | ent Name | School | Grade | |
| District Trustees and the | | portation Con | | | - | | | ····· | |
| Elem District Approval HS District Approval | • | □ no □ no | | | Stud | ent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO les 1-12 | DR: | | |
| Parent or Guardian N | ame: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Onl | ly Both Semesters | |
| Karen E. Sandler | | | | | | kindergarten/Kinder | | | |
| Physical Address (str | eet address | only): | | | □ 1: | st Semester Only | □ 2nd Semester Onl | ly Doth Semesters | |
| | | | | | KINI | DERGARTEN/PREI | KINDERGARTEN: | age students also covered | J |
| Distance from home t | | hool (one wa | ay) | | by tl | nis contract: | | | |
| Elementary 3.3 | HS 0 | | | | To o To o | r from Bus Stop r from School | times per day, _ times per day, | days per week | |
| Distance from home to Elementary 0 | to nearest but HS 0 | ıs stop, if an | y (one way) | | Kind To o | lergarten child rider from Bus Stop | es <u>without</u> other scho times per day, _ | ool-age students: days per week | |
| ☐ Contract is for one | e-way only | | | | То о | r from School | times per day, _ | days per week | |
| Students in Each Grade Lev | el - Only include | the students to I | be covered by th | is contract. | Dea | adlines: ENTS: Due to Sch | ool Clark June 1 | | |
| Γ | Pre-K | _ K | 1-8 | 9-12 | | | | | |
| | Total | Total | Total | Total | CLE files. | - | I to County Supt by Jul | ly 1, retain a copy for your | |
| Regular Trans | | | | | COL | INTY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | 4 |
| Spec. Ed. Trans | | | | | | for your files. | DENTO: Ocha ongma | | 1 |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | _ | | | |
| Contingency | | | | | | Reimb | ursement rate is detern 20-10-142, MCA. | mined by | |
| Spec. Ed. Contin. | | | | | | | | | |
| | | | | | | | | | _ |
| Agreement between p | parent (parer | nt name) | | | , and | school district (dist | rict name) | ······································ | |
| (county name) | | | | County, hereinaf | fter referred | to as the District(s). | | | |
| | sport or provide t | | | | | the days when school is in | | dian assures that a licensed and | |
| | he District shall p | | | | | | | imber of days the student(s) was | |
| The payment shall be | e computed on th | | | | | he information accompany hool, whichever occurs firs | | | |
| Elementary School D West Valley Elem | istrict | Chair, Boa | ard of Truste | es | | | | Date | _ |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | I attes | t that the above | information | is true and correct. | | l | _ |
| Signature - Parent or G | uardian | | | | | | Date | | = |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|---|--|---|---|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| rates for special circum increased rates, individual trustees of the district. | nstances of isola dual circumstance the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| District Trustees and the Elem District Approval | □ yes | Initi □ no | als | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Parent or Guardian Name: (Please Print) | | | | | | □ 2nd Semester Or | ly □ Both Semesters |
| Karrie L. Levane Physical Address (s | | only): | | | | -kindergarten/Kinderg | | |
| Friysical Address (s | lieel address | orily). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters |
| Distance from home to nearest school (one way) Elementary 5.1 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 | | | | | Kin by t To c To c Kin To c | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, s without other sche times per day, | days per week days per week ool-age students: days per week days per week days per week days per week |
| Students in Each Grade Lo | evel - Only include | the students to be | covered by thi | s contract. | <u>De</u> | adlines: RENTS: Due to Scho | aal Clark Juna 1 | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | ERKS: Send original | | ıly 1, retain a copy for your |
| Regular Trans | | | | | files | | | |
| Spec. Ed. Trans | | | | | | y for your files. | IDENIS: Send origin | al to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (1 01 0101 | not, obuity and or | r doc orny) |
| Reg. Contingency | | | | | | Reimbu | ursement rate is deter 20-10-142, MCA. | mined by |
| Spec. Ed. Contin. | | | | | | | | |
| A man a man and hack was an | | -4) | | | | d district (distr | int manna) | |
| Agreement betweer | ı parent (paret | к нане) | | County barainat | | d school district (distr | ici name) | , |
| insured driver will to 2. In March and June transported for the | ansport or provide t ransport the studer , the District shall p past semester. | nts. Mileage contr ay the parent the | he student(s) to acts are valid o sum officially a | o and from the school only when transportation pproved in the applica | or bus stop or on for the dista ation upon cert | nce reported on the contractification by the teacher or pro- | ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and umber of days the student(s) was |
| This contract shall | terminate at the en | d of the school ye | ar or when the | student(s) is no longe | | the information accompany chool, whichever occurs firs | | Dato |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date |
| High School District | : | Chair, Boar | d of Truste | es | | | | Date |
| | | | I attes | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|---|--|----------------------|---|--|---|--|--|
| Elementary District Responsible for Re | eimbursing the Cor | tract | | County | | Legal Entity | | |
| West Valley Elem | | | | Flathead | | 1184 | | |
| High School or K-12 District Responsib | ole for Reimbursing | the Contract | | County | | Legal Entity | | |
| | | | | | | | | |
| Is this contract shared between el | ementary and hi | gh school? | | | | | | |
| Are you applying for isolation state | us? □ Yes | □ No | Stu | dent Name | School | Grade | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | | eased reimbursement | | dent Name | 301001 | Orace | | |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans | ition of residence. ces must be review | In order to receive ed and approved by the | 04 | dent Name | School | Grade | | |
| Public Instruction. (10.7.116 ARM prov | ides guidelines for | such.) | Stu | dent Name | School | Grade | | |
| Check here only if increased payment District Trustees and the County Trans | portation Committe | ee. | ne | | | | | |
| | Initials no | | Stu | dent Name | School | Grade | | |
| | unty Approval | | | | DR: | | | |
| Parent or Guardian Name: (Pleas | e Print) | | | ndes 1-12 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Karrie Levanen | | | Pre | -kindergarten/Kinder | garten | | | |
| Physical Address (street address | only): | | | | ☐ 2nd Semester Only | / □ Both Semesters | | |
| | | | | IDERGARTEN/PREI | | | | |
| Distance from home to nearest so Elementary 5.1 HS 0 | hool (one way) | | by | this contract: | · · · · · · · · · · · · · · · · · · · | ge students also covered days per week | | |
| Distance from home to nearest but Elementary 0 HS 0 | ıs stop, if any (oı | ne way) | To Kir | or from School Idergarten child ride | times per day, _ es without other schoo | days per week pl-age students: days per week days per week days per week | | |
| □ Contract is for one-way only | | | То | or from School | times per day, _ | days per week | | |
| Students in Each Grade Level - Only include | the students to be co | vered by this contract. | | eadlines: | a al Olamba bura a 4 | | | |
| Pre-K | | 1-8 9-12 | | RENTS: Due to Sch | | | | |
| Total | Total | Total Total | CL | - | I to County Supt by July | / 1, retain a copy for your | | |
| Regular Trans | | | CO | UNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | y for your files. | DENTO: Cond ongina | | | |
| Room & Board | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | Poimb | ursement rate is determ | ninod by | | |
| Contingency Spec. Ed. Contin. | | | | Keimb | 20-10-142, MCA. | inled by | | |
| opec. Ed. Oonun. | | | | | | | | |
| | | | | | | | | |
| Agreement between parent (parer | nt name) | | , ar | d school district (dist | rict name) | , | | |
| (county name) The parties agree as follows: | | County, he | reinafter referre | d to as the District(s). | | | | |
| The parent shall transport or provide to insured driver will transport the students. | | | | | | an assures that a licensed and | | |
| In March and June, the District shall p transported for the past semester. | ay the parent the sun | officially approved in the | application upon cer | tification by the teacher or p | rincipal of the school of the nur | nber of days the student(s) was | | |
| The payment shall be computed on the This contract shall terminate at the error. | d of the school year o | or when the student(s) is n | | | | · | | |
| Elementary School District West Valley Elem | Chair, Board | of Trustees | | | | Date | | |
| High School District | Chair, Board | of Trustees | | | | Date | | |
| | | I attest that the a | bove information | n is true and correct. | | 1 | | |
| Signature - Parent or Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|--|--|--|--------------------------|--|---|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no □ no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Katherine E. Ha Physical Address (s | | oulv). | | | | -kindergarten/Kinder | | | |
| 1 Hysical Address (s | arcet address | orny). | | | | · | | nly Both Semesters | |
| Distance from home to nearest school (one way) Elementary 4.4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. | | | | | Kin by t To c To c Kin To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School | times per day, times per day, times per day, ses without other sch times per day, | days per week days per week days per week ool-age students: days per week days per week days per week | |
| Students in Each Grade Lo | evel - Only include | the students to be | covered by thi | s contract. | <u>De</u> | adlines: RENTS: Due to Sch | ool Clerk June 1 | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | |
| Regular Trans | | | | | | | IDENTS. Sand origin | nal to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS. Send ongin | iai to OFI by July 10, letaill a | |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (i oi dist | not, county and or | ruse only) | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WCA. | | |
| | vs: ansport or provide t | ransportation for t | he student(s) to | and from the school | ter referred | d school district (district (s). I to as the District(s). In the days when school is in the contrar | session. The parent or guar | rdian assures that a licensed and | |
| In March and June transported for the | , the District shall p past semester. | ay the parent the | sum officially a | pproved in the applica | ation upon cert | | rincipal of the school of the n | number of days the student(s) was | |
| | terminate at the en | | ar or when the | student(s) is no longe | | chool, whichever occurs firs | | Date | |
| West Valley Elem | | , | | | | | | | |
| High School District | | Chair, Boar | a of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|--------------------------------|-------------------|----------------------------|--|------------------------|--------------------------------|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | inty | | Legal Entity | |
| West Valley Ele | m | | | | Fla | athead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | Cou | | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | <u> </u> | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Student I | Name | School | Grade | |
| (If yes, please attac | | | increased reir | mbursement | Student | varie | School | Orace | |
| rates for special circun increased rates, individ | nstances of isola | ition of residen | ce. In order t | to receive | Student I | Name | School | Grade | |
| trustees of the district, Public Instruction. (10. | the county trans | sportation com | mittee, and th | | | | | | |
| Check here only if incr | eased payment | due to isolation | n has been ap | proved by the | Student I | Name | School | Grade | |
| District Trustees and the | | sportation Com | | | | | | | |
| Elem District Approval HS District Approval | | | | | Student I | Name | School | Grade | |
| County Approval | | | | | | NTRACT IS FO | <u>DR:</u> | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | emester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Katherine Hans Physical Address (s | | anh () | | | | ergarten/Kinder | | | |
| Physical Address (s | areer address | oriiy). | | | □ 1st Se | emester Only | □ 2nd Semester Only | / □ Both Semesters | |
| | | | | | | | KINDERGARTEN: | ge students also covered | |
| Distance from home Elementary 4.4 | e to nearest so HS 0 | chool (one wa | ıy) | | by this c | ontract: | | | |
| • | | | , | | To or from | m Bus Stop m School | times per day, _ times per day, _ | days per week days per week ol-age students: | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | is stop, if any | (one way) | | Kinderga To or from | arten child ride m Bus Stop | es <u>without</u> other school times per day. | ol-age students: davs per week | |
| □ Contract is for o | ne-way only | | | | To or from | m School | times per day, _ | days per week | |
| Students in Each Grade L | , , | the students to b | e covered by th | is contract. | <u>Deadli</u> | | | | |
| | Pre-K | К | 1-8 | 9-12 | PARENT | S: Due to Sch | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLERKS files. | : Send origina | I to County Supt by July | , 1, retain a copy for your | |
| Regular Trans | | | | | | | | | |
| Spec. Ed. Trans | | | | | | Y SUPERINTEN your files. | IDENTS: Send origina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | |
| Correspondence | | | | | | | rict, county and OPI | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | | |
| | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and sch | ool district (dist | rict name) | ······································ | |
| (county name) | | | | County, hereinaf | ter referred to a | s the District(s). | | | |
| The parties agree as follows 1. The parent shall tra | ansport or provide | | the student(s) t | o and from the school | or bus stop on the da | ys when school is in | session. The parent or guard | ian assures that a licensed and | |
| In March and June | , the District shall p | | | only when transportation only when transportation in the application of the application o | | | | nber of days the student(s) was | |
| | be computed on the | | | ned in Section 20-10-1 student(s) is no longe | | | | | |
| Elementary School | | | rd of Truste | | i cinonca in school, | WINGING VCI OCCUPS III | ou. | Date | |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | 1 -4- | t that the attent | nformation is t | io and secret | | | |
| Signature - Parent or | Guardian | | l attes | t that the above i | intormation is tru | ue and correct. | Date | | |
| orginature - i arciil Or | -uui uiaii | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 |)-2501 | Г | | ol Clerk June 1 | | |
|--|---|--|--|--|--|--|
| Elementary District Responsible for Re | eimbursing the Contra | act | | County | <u> </u> | Legal Entity |
| West Valley Elem | | | | Flathead | | 1184 |
| High School or K-12 District Responsit | ole for Reimbursing the | he Contract | | County | | Legal Entity |
| | | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high | n school? | | | | |
| Are you applying for isolation state (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA |) | No | Stud | dent Name | School | Grade |
| rates for special circumstances of isolar increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In ces must be reviewed sportation committee, | order to receive I and approved by the and the Office of | Stud | dent Name | School | Grade |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has t | peen approved by the | Stud | dent Name | School | Grade |
| | Initials □ no | _ | Stud | dent Name | School | Grade |
| | □ no □ no | <u> </u> | | S CONTRACT IS FO | DR: | |
| Parent or Guardian Name: (Pleas | e Print) | | | des 1-12 st Semester Only | □ 2nd Semester Onl | y Both Semesters |
| Kathy Butterfield | | | Pre | -kindergarten/Kinder | garten | |
| Physical Address (street address | only): | | | | | y Both Semesters |
| Distance from home to nearest so Elementary 4.3 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total | the students to be cover | | Kin by t To c Kin To c To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Sch | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, tool Clerk June 1. | days per week days per week ol-age students: days per week |
| Regular Trans | | | | | IDENTS: Send origina | ıl to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | y for your files. | | |
| Room & Board | | | | | IMBURSEMENT RA | |
| Correspondence | | | | | , | , |
| Reg. Contingency | | | | Reimb | ursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | 20-10-142, MCA. | |
| · | | | | | | |
| Agreement between parent (parei | nt name) | | | d school district (dist | / | , |
| (county name) The parties agree as follows: | | County, herein | after referred | I to as the District(s). | | |
| The parent shall transport or provide insured driver will transport the stude. | nts. Mileage contracts a | re valid only when transport | tation for the dista | ince reported on the contra | ct actually occurs. | |
| In March and June, the District shall patransported for the past semester. The second of the past semester. | • | | • | | · | mber of days the student(s) was |
| The payment shall be computed on the A. This contract shall terminate at the error. | nd of the school year or v | when the student(s) is no lor | | | | Τ= . |
| Elementary School District West Valley Elem | Chair, Board of | Trustees | | | | Date |
| High School District | Chair, Board of | Trustees | | | | Date |
| | 1 | I attest that the abov | e information | is true and correct. | | <u> </u> |
| Signature - Parent or Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | | r 2005- 2006 ol Clerk June 1 | | | |
|--|---|--|--|---|---|--|--|-----------------------------------|---|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mbursement | Stud | ent Name | School | | Grade |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and a mittee, and th | to receive pproved by the | Stud | ent Name | School | | Grade |
| Check here only if incredit in | eased payment | due to isolatio | n has been ap | pproved by the | Stud | ent Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stud | ent Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 st Semester Only | □ 2nd Semester Or | nly □ Both Sen | nesters |
| Katrina Libby | | | | | Pre-l | kindergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Or | nly □ Both Sen | nesters |
| Distance from home Elementary 4.4 Distance from home Elementary 0 Contract is for on Students in Each Grade Low Regular Trans Spec. Ed. Trans | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | y (one way) | is contract. 9-12 Total | Kind by th To or To or Kind To or To or PAR CLE files. | is contract: from Bus Stop from School ergarten child ride from Bus Stop from School from School edlines: ENTS: Due to Sch RKS: Send origina | times per day, times per day, times per day, es without other sch times per day, times per day, times per day, | daysdays ool-age studentsdaysdays | per week per week s: per week per week y for your |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (1 01 0131 | not, county and or | ruse orny) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| Agreement between | narent (nare) | nt name) | | | and | school district (dist | rict name) | | |
| | i parent (paren | it riame) | | | | • | / | | ······································ |
| insured driver will t 2. In March and June transported for the | ansport or provide transport the stude, the District shall past semester. | nts. Mileage con pay the parent the | the student(s) thracts are valid to sum officially a | o and from the schoo only when transportat approved in the applic | ol or bus stop on t tion for the distan cation upon certifi | ce reported on the contra cation by the teacher or p | session. The parent or guar ct actually occurs. rincipal of the school of the n | | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | ne information accompany nool, whichever occurs firs | | 15. | |
| Elementary School West Valley Elem | District | Chair, Boa | ard of Truste | ees | | | | Date | |
| High School District | | Chair, Boa | Chair, Board of Trustees Date | | | | | | |
| | | • | l attes | t that the above | information | s true and correct. | | L | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|--------------------------------|-------------------|----------------------------|--|----------------------------|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | nty | | Legal Entity | |
| West Valley Ele | m | | | | Fla | ithead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | Cou | | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Student N | Jame | School | Grade | |
| (If yes, please attac | | | increased reir | mbursement | Student i | varrie | School | Orace | |
| rates for special circun increased rates, individ | nstances of isola | ation of residen | ce. In order t | o receive | Student N | Name | School | Grade | |
| trustees of the district, Public Instruction. (10. | the county trans | sportation com | mittee, and th | | | | | | |
| Check here only if incr | eased payment | due to isolation | n has been ap | proved by the | Student N | Name | School | Grade | |
| District Trustees and the | | sportation Com | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Elem District Approval HS District Approval | | | | | Student N | Name | School | Grade | |
| County Approval | | | | | | NTRACT IS FO -12 | <u>DR:</u> | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | mester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Kellie Danielsor Physical Address (s | | anh () | | | | ergarten/Kinder | | | |
| Physical Address (s | street address | only): | | | ☐ 1st Se | mester Only | □ 2nd Semester Only | √ □ Both Semesters | |
| | | | | | | | KINDERGARTEN: | ge students also covered | |
| Distance from home Elementary 5 | e to nearest so HS 0 | chool (one wa | ıy) | | by this c | ontract: | | | |
| • | | | , | | To or from | n Bus Stop n School | times per day, _ times per day, _ | days per week days per week ol-age students: | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | is stop, if any | (one way) | | Kinderga To or fror | a rten child ride n Bus Stop | es <u>without</u> other school times per day. | ol-age students: davs per week | |
| □ Contract is for o | ne-way only | | | | To or from | n School | times per day, _ | days per week | |
| Students in Each Grade L | , , | the students to b | e covered by th | is contract. | <u>Deadlir</u> | | | | |
| | Pre-K | К | 1-8 | 9-12 | PARENT | S: Due to Sch | ool Clerk June 1. | | |
| | Total | Total | Total | Total | CLERKS files. | : Send origina | I to County Supt by July | , 1, retain a copy for your | |
| Regular Trans | | | | | | | | | |
| Spec. Ed. Trans | | | | | copy for y | | IDENTS: Send origina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | RE | EIMBURSEMENT RA | ATE | |
| Correspondence | | | | | | | rict, county and OPI | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | | |
| | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | · · · · · · · · · · · · · · · · · · · | , and sch | ool district (dist | rict name) | ······································ | |
| (county name) | | | | County, hereinaf | ter referred to as | s the District(s). | | | |
| The parties agree as follows 1. The parent shall tra | ansport or provide | | the student(s) t | o and from the school | or bus stop on the da | ys when school is ir | session. The parent or guard | ian assures that a licensed and | |
| In March and June | , the District shall p | | | only when transportation only when transportation in the application of the application o | | | | nber of days the student(s) was | |
| | be computed on the | | | ned in Section 20-10-1 student(s) is no longe | | | | | |
| Elementary School | | | rd of Truste | | . 5.1101104 111 3011001, 1 | | | Date | |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | 1 -4- | t that the attent | information to 1 | o and server | | | |
| Signature - Parent or | Guardian | | l attes | t that the above i | intormation is tru | ie and correct. | Date | | |
| orginature - i arciil Or | -uui uiaii | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|---|--|--|--|--|---|---|--|--------------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbur | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) | 1 | □ No | nhursement | Stude | nt Name | School | | Grade |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of residences must be rev sportation comm | ce. In order to riewed and appointed and the second the second and the second and the second the second the second the second and the second | o receive oproved by the | Stude | nt Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stude | nt Name | School | | Grade |
| Elem District Approval | | Init □ no | ials | | Stude | nt Name | School | | Grade |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 : Semester Only | □ 2nd Semester On | ly □ Both Semes | ters |
| Kendra Freema | n | | | | Pre-ki | ndergarten/Kinder | narten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester Or | lly ☐ Both Semes | ters |
| Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | ıs stop, if any | (one way) | s contract. 9-12 Total | Kinde by thi To or To or Kinde To or To or Dead PARE files. COUN | ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Sch eKS: Send origina extry SUPERINTEN for your files. RE (For dist | times per day, times | days per day | r week r week r week r week |
| insured driver will to a line with the second secon | vs: ansport or provide transport the studer the District shall prast semester, be computed on the | rransportation for nts. Mileage conti nay the parent the ne basis of the sch nd of the school ye | the student(s) to racts are valid of sum officially a nedule establish ear or when the | o and from the school only when transportati pproved in the applica- ted in Section 20-10- student(s) is no longer | fter referred to I or bus stop on the ion for the distance ation upon certification | e reported on the contra | session. The parent or guar ct actually occurs. rincipal of the school of the n | umber of days the student(s | |
| Elementary School West Valley Elem | | Chair, Boa | rd of Truste | es | | | | Date | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | I attes | t that the above | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|--|--|--------------------------|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initia no no no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Kim Barstow | | | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Land Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da | | |
| (county name) The parties agree as folloo The parties agree as folloo The parent shall trainsured driver will to insured driver will to insure driver will to insure transported for the surface of the s | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | | | | | | | | | |
| | | | I attest | that the above i | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|--|----------------------------|----------------------|----------------------------|--------------------------|--|--|--|---------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | | ble for Reimbur | sing the Conf | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary and | d high scho | ol? | | | | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circur increased rates, individ | nstances of isola | ation of residen | ce. In order t | o receive | Stud | dent Name | School | Grade | | |
| trustees of the district, Public Instruction. (10. | the county trans | sportation comr | nittee, and th | | | | | | | |
| Check here only if incr District Trustees and t | | | | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | | Init □ no □ no | ials | | Stud | dent Name | School | Grade | | |
| County Approval | County Approval | | | | | | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | □ Both Semesters | | |
| Kim Trimble | | | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | | · | □ 2nd Semester Only | □ Both Semesters | | |
| Distance from home Elementary 3.7 Distance from home Elementary 0 | HS 0 | | | | Kin by t To c To c Kin To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, _ es <u>without</u> other school times per day, _ | days per week | | |
| □ Contract is for o | ne-way only | | | | То | or from School | times per day, _ | days per week | | |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | | adlines: RENTS: Due to Sch | aal Clark luna 1 | | | |
| | Pre-K | K | 1-8 | 9-12 | PAI | RENIS: Due to Sch | ooi Cierk June 1. | | | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | 1, retain a copy for your | | |
| Regular Trans Spec. Ed. Trans | | | | | | | IDENTS: Send original | to OPI by July 10, retain a | | |
| Room & Board | | | | | сор | y for your files. | EIMBURSEMENT RA | TE. | | |
| Correspondence | | | | | | | rict, county and OPI | | | |
| Reg. | | | | | | Reimh | ursement rate is determ | uined by | | |
| Contingency Spec. Ed. Contin. | | | | | | Reinio | 20-10-142, MCA. | inica by | | |
| | | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , an | d school district (dist | rict name) | , | | |
| | | | | | | | | | | |
| (county name) The parties agree as follow | | | | • | | I to as the District(s) | | | | |
| insured driver will t | ransport the stude | nts. Mileage cont | racts are valid o | only when transportation | on for the dista | ince reported on the contra | | | | |
| transported for the | past semester. | • | • | | | | · | nber of days the student(s) was | | |
| The payment shall | be computed on the | | | | | the information accompany | | | | |
| Elementary School | | | rd of Truste | | | , | | Date | | |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | | l otto- | t that the above | informatica | io truo and some st | | | | |
| Cimpature Daniel | Cuandian | | ı attes | t triat the above | iiiioiiiiation | is true and correct. | Data | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|---|--|--------------------------|--------------------------|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval | Elem District Approval yes no Initials HS District Approval yes no Initials | | | | | | School | Grade | | |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly □ Both Semesters | | |
| Kimberly Fields | | | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Distance from home Elementary 9.6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da | | |
| (county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to a line transported for the same t | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | | | | | | | | | |
| | I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|---|---|--|--------------------------|--------------------------|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval | Elem District Approval yes no Initials HS District Approval yes no Initials | | | | | | School | Grade | | |
| County Approval | □ yes | no | | | | S CONTRACT IS FO des 1-12 | OR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly □ Both Semesters | | |
| Kimberly Fields | | | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Distance from home Elementary 9.6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da | | |
| (county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to a line transported for the same t | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date | | | | | | | | | |
| | I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|---|--|--------------------|----------------------------|--------------------------|---------------------|--|---|---------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | County | | Legal Entity | | |
| West Valley Ele | m | | | | F | athead | | 1184 | | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | |
| Are you applying for | | | □ No | | Studen | nt Name | School | Grade | | |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for | increased reir | mbursement | Olddel | it riamo | Consor | Ciudo | | |
| rates for special circun increased rates, individ | | | | | Studer | nt Name | School | Grade | | |
| trustees of the district, Public Instruction. (10. | | | | e Office of | | | | | | |
| Check here only if incr | | | | proved by the | Studer | nt Name | School | Grade | | |
| District Trustees and the Elem District Approval | • | Init | tials | | Studer | nt Name | School | Grade | | |
| HS District Approval | □ no | | | | CONTRACT IS FO | ND. | | | | |
| County Approval Parent or Guardian | no e Print) | | | Grades | s 1-12 | | = D # 0 | | | |
| Krissa Muonia | | | | | | Semester Only | ĺ | y □ Both Semesters | | |
| Physical Address (s | treet address | only): | | | | ndergarten/Kinderg Semester Only | | / □ Both Semesters | | |
| | | | | | KINDE | RGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home | e to nearest so | thool (one wa | ıv) | | Kinder | | | ge students also covered | | |
| Elementary 5 | HS 0 | | -,, | | To or f | rom Bus Stop | times per day, _ | days per week | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | Fo or f | rom School rgarten child ride rom Bus Stop | times per day, _ es <u>without</u> other school times per day | days per week ol-age students: | | |
| □ Contract is for o | ne-way only | | | | To or f | rom School | times per day, _ | days per week | | |
| Students in Each Grade Lo | , , | the students to b | e covered by th | is contract. | | llines: | | | | |
| | Pre-K | K | 1-8 | 9-12 | PAREI | NTS: Due to Scho | ool Clerk June 1. | | | |
| | Total | Total | Total | Total | CLERI files. | KS : Send original | to County Supt by July | / 1, retain a copy for your | | |
| Regular Trans | | | | | | TV GLIDEDINTEN | DENTS: Sand origina | I to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | | or your files. | DENTS. Send ongina | Tto OFT by July 10, retail a | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | | | Daimb | | alle and leave | | |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is determ 20-10-142, MCA. | nined by | | |
| Spec. Lu. Contin. | | | | | | | | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | chool district (disti | ict name) | , | | |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | ter referred to | as the District(s). | | | | |
| The parent shall tra insured driver will t | ansport or provide transport the stude | nts. Mileage conf | tracts are valid of | only when transportation | on for the distance | reported on the contract | t actually occurs. | an assures that a licensed and | | |
| transported for the | past semester. | , , | , | | | | · | nber of days the student(s) was | | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | information accompany ol, whichever occurs firs | | Data | | |
| Elementary School West Valley Elem | | , | rd of Truste | | | | | Date | | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | <u> </u> | l attes | t that the above i | information is | true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|---|--|--|--|--------------------------|---|---|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| rates for special circun increased rates, individual trustees of the district. | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval | District Trustees and the County Transportation Committee. Initials Elem District Approval | | | | | | School | Grade | | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters | | |
| Krissa Muonio | | L. A. | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | ☐ 2nd Semester Or | nly Both Semesters | | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by t To c Kin To c To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School | times per day, times per day, times per day, es without other sch times per day, times per day, times per day, | days per week days per week ool-age students: days per week | | |
| Regular Trans | Total | Total | Total | Total | files | | to County Supt by Ju | ary 1, retain a copy for your | | |
| Spec. Ed. Trans | | | | | COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. | | | | | |
| Room & Board | | | | | REIMBURSEMENT RATE | | | | | |
| Correspondence | | | | | | (For dist | rict, county and OP | I use only) | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | |
| Agreement between parent (parent name) | | | | | | | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date | | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | | |
| | I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | | |
|--|---|--|---|--------------------------|---------------------------|---|--|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | ounty | | Legal Entity | | | |
| West Valley Ele | m | | | | F | lathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | ounty | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Studen | t Name | School | Grade | | | |
| (If yes, please attac | | | increased reir | mbursement | Studen | t Name | School | Orace | | | |
| rates for special circun increased rates, individual trustees of the district, | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com- | ce. In order to viewed and apmittee, and the | o receive oproved by the | Studen | t Name | School | Grade | | | |
| Public Instruction. (10. | · | J | · | | Studen | t Name | School | Grade | | | |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | proved by the | | | | | | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Studen | t Name | School | Grade | | | |
| HS District Approval County Approval | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | | | |
| Parent or Guardian | e Print) | | | Grades | 3 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | | | | |
| Kristi Abernathy | , | | | | | • | • | | | | |
| Physical Address (s | | only): | | | | dergarten/Kinder Semester Only | | / □ Both Semesters | | | |
| | | | | | KINDE | RGARTEN/PRE | (INDERGARTEN: | | | | |
| Distance from home Elementary 5.3 | e to nearest so HS 0 | chool (one wa | ay) | | by this | contract: | | ge students also covered days per week | | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or fr Kinder | om School garten child ride | times per day, _ es without other scho | days per week ol-age students: days per week days per week days per week | | | |
| □ Contract is for o | ne-way only | | | | To or fr | om School | times per day, _ | days per week | | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | Dead | | a al Olamba Issa a 4 | | | | |
| | Pre-K | K | 1-8 | 9-12 | | NTS: Due to Sch | | | | | |
| | Total | Total | Total | Total | CLERM files. | (S: Send original | to County Supt by July | / 1, retain a copy for your | | | |
| Regular Trans | | | | | COLIN | TV CHDEDINITEN | IDENTS: Sand origina | I to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | | | | r your files. | IDENTS. Selid Oligilia | Tto OFT by July 10, retail a | | | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | | |
| Reg. | | | | | | _ | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | | | |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 1110/11 | | | | |
| | | | | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and so | chool district (distr | rict name) | , | | | |
| (county name) | | | | County, hereinaf | ter referred to | as the District(s). | | | | | |
| | ansport or provide | | | | | | | ian assures that a licensed and | | | |
| In March and June | , the District shall p | | | | | reported on the contraction by the teacher or p | | nber of days the student(s) was | | | |
| | be computed on the | | | | | information accompany | | | | | |
| Elementary School | | | rd of Truste | | 3.1101100 111 301100 | ., | · | Date | | | |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | | 1 -44 | 4 4 h a 4 4 h a - 1 | | ···· | | | | | |
| Signature - Parent or | Guardian | | ı attes | t that the above i | information is | true and correct. | Date | | | | |
| orginature - ratetit of | Juai uiai i | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | | |
|--|---|--|---|--------------------------|---------------------------|---|--|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | С | ounty | | Legal Entity | | | |
| West Valley Ele | m | | | | F | lathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | ounty | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Studen | t Name | School | Grade | | | |
| (If yes, please attac | | | increased reir | mbursement | Studen | t Name | School | Orace | | | |
| rates for special circun increased rates, individual trustees of the district, | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com- | ce. In order to viewed and apmittee, and the | o receive oproved by the | Studen | t Name | School | Grade | | | |
| Public Instruction. (10. | · | J | · | | Studen | t Name | School | Grade | | | |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | proved by the | | | | | | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Studen | t Name | School | Grade | | | |
| HS District Approval County Approval | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | | | |
| Parent or Guardian | e Print) | | | Grades | 3 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | | | | |
| Kristi Abernathy | , | | | | | • | • | | | | |
| Physical Address (s | | only): | | | | dergarten/Kinder Semester Only | | / □ Both Semesters | | | |
| | | | | | KINDE | RGARTEN/PRE | (INDERGARTEN: | | | | |
| Distance from home Elementary 5.3 | e to nearest so HS 0 | chool (one wa | ay) | | by this | contract: | | ge students also covered days per week | | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | ıs stop, if any | (one way) | | To or fr Kinder | om School garten child ride | times per day, _ es without other scho | days per week ol-age students: days per week days per week days per week | | | |
| □ Contract is for o | ne-way only | | | | To or fr | om School | times per day, _ | days per week | | | |
| Students in Each Grade L | evel - Only include | the students to b | e covered by th | is contract. | Dead | | a al Olamba Issa a 4 | | | | |
| | Pre-K | K | 1-8 | 9-12 | | NTS: Due to Sch | | | | | |
| | Total | Total | Total | Total | CLERM files. | (S: Send original | to County Supt by July | / 1, retain a copy for your | | | |
| Regular Trans | | | | | COLIN | TV CHDEDINITEN | IDENTS: Sand origina | I to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | | | | r your files. | IDENTS. Selid Oligilia | Tto OFT by July 10, retail a | | | |
| Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | | | |
| Reg. | | | | | | _ | | | | | |
| Contingency | | | | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by | | | |
| Spec. Ed. Contin. | | | | | | | 20 10 112, 1110/11 | | | | |
| | | | | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and so | chool district (distr | rict name) | , | | | |
| (county name) | | | | County, hereinaf | ter referred to | as the District(s). | | | | | |
| | ansport or provide | | | | | | | ian assures that a licensed and | | | |
| In March and June | , the District shall p | | | | | reported on the contraction by the teacher or p | | nber of days the student(s) was | | | |
| | be computed on the | | | | | information accompany | | | | | |
| Elementary School | | | rd of Truste | | 3.1101100 111 301100 | ., | · | Date | | | |
| West Valley Elem High School District | : | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | | 1 -44 | 4 4 h a 4 4 h a - 1 | | ···· | | | | | |
| Signature - Parent or | Guardian | | ı attes | t that the above i | information is | true and correct. | Date | | | | |
| orginature - ratetit of | Juai uiai i | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | |
|---|--------------------------------------|--|----------------------------------|-----------------------|----------------------|--------------------------------------|--|----------------------------------|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsil | ole for Reimbur | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share □ yes □ no | ed between el | ementary an | d high school | ol? | | | | | | |
| Are you applying for | | | □ No | | Stude | ent Name | School | Grade | | |
| (If yes, please attac ISOLATION: Section | h explanation) 20-10-142, MCA | A, provides for | increased rein | nbursement | | | 33.133. | 0.000 | | |
| rates for special circum increased rates, individ trustees of the district, | dual circumstand the county trans | ces must be rev sportation comi | viewed and ap mittee, and the | proved by the | Stude | ent Name | School | Grade | | |
| Public Instruction. (10.) | · | , and the second | ŕ | | Stude | ent Name | School | Grade | | |
| Check here only if incre District Trustees and the | | sportation Com | mittee. | proved by the | | | | | | |
| Elem District Approval HS District Approval | • | □ no | tials | | Stude | ent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | t Semester Only | □ 2nd Semester Onl | y Both Semesters | | |
| Kristi M. Davis | | | | | | indergarten/Kinder | | | | |
| Physical Address (s | treet address | only): | | | □ 1s | t Semester Only | ☐ 2nd Semester Onl | y Both Semesters | | |
| | | | | | KIND | ERGARTEN/PRE | (INDERGARTEN: | | | |
| Distance from home | | hool (one wa | ıy) | | by th | is contract: | | age students also covered | | |
| Elementary 8 | HS 0 | | | | To or To or | from Bus Stop from School | times per day, _ times per day. | days per week days per week | | |
| Distance from home Elementary 0 | to nearest but HS 0 | ıs stop, if any | (one way) | | Kind To or | ergarten child ride from Bus Stop | es <u>without</u> other scho times per day, _ | ol-age students: days per week | | |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week | | |
| Students in Each Grade Le | evel - Only include | the students to b | e covered by thi | s contract. | Dea | dlines: ENTS: Due to Scho | and Clark June 1 | | | |
| | Pre-K | _K | 1-8 | 9-12 | | | | | | |
| | Total | Total | Total | Total | CLEI files. | RKS: Send original | to County Supt by Jul | y 1, retain a copy for your | | |
| Regular Trans | | | | | COU | NTY SUPERINTEN | IDENTS: Send origina | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | сору | for your files. | - | | | |
| Room & Board | | | | | | | IMBURSEMENT Rarict, county and OPI | | | |
| Correspondence | | | | | | (. 5. 5.5) | , | ,, | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deterr | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | I | | | | | | | | |
| Agreement betweer | n parent (pare | nt name) | | | , and | school district (distr | rict name) | | | |
| (county name) | | , | | County hereinal | fter referred | to as the District(s). | , | | | |
| The parties agree as follow | | transportation for | | • | | () | session. The parent or quare | lian assures that a licensed and | | |
| insured driver will t | ransport the stude | nts. Mileage conf | tracts are valid o | nly when transportati | ion for the distan | ce reported on the contract | et actually occurs. | mber of days the student(s) was | | |
| transported for the 3. The payment shall | past semester. be computed on the | ne basis of the sc | hedule establish | ed in Section 20-10- | 142, MCA, and th | e information accompany | ing this contract. | ., | | |
| Elementary School | | | ear or when the rd of Truste | | er enrolled in sch | ool, whichever occurs firs | t. | Date | | |
| West Valley Elem High School District | | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | , | | | | | | | | |
| 01 | 0" | | I attes | that the above | information i | s true and correct. | Date | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Elementary Disists Responsible for Reimbursing the Contract West Valley Elem High School or K-12 Distst Responsible for Reimbursing the Contract High School or K-12 Distst Responsible for Reimbursing the Contract I high School or K-12 Distst Responsible for Reimbursing the Contract I high School or K-12 Distst Responsible for Reimbursing the Contract Are you doublying for School or S | | 30x 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | | | |
|--|--|----------------------------|--------------------|----------------------------|--------------------|-----------------------|--------------------------------------|--|-----------------------------------|--|--|--|
| High School or K-12 District Responsible for Reimbursing the Contract Downty Legal Entity | Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | | |
| High School or K-12 District Responsible for Reimbursing the Contract Downty Legal Entity | West Valley Fle | m | | | | | Flathead | | 1184 | | | |
| Are you applying for isolation status? Yes | High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | tract | | | | | | | |
| Are you applying for isolation status? Yes | | | | | | | | | | | | |
| Student Name | | ed between el | ementary and | d high scho | ol? | | | | | | | |
| Student Name | | | | □ No | | Stude | nt Name | School | Grade | | | |
| Increased riable, inclination (10.7-16 AM) provides guidelines for such.) | ISOLATION: Section | 20-10-142, MCA | A, provides for i | ncreased reir | mbursement | Oldde | nt rame | Concor | Ciudo | | | |
| Student Name School Grade | | | | | | Stude | nt Name | School | Grade | | | |
| Check here only if increased payment due to is solution has been approved by the District Trustees and the County Transportation Committees | | | | | e Office of | | | | | | | |
| Student Name School Grade | Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stude | nt Name | School | Grade | | | |
| THIS CONTRACT IS FOR: Grades 1-12 Perent or Guardian Name: (Please Print) Country Approved yes no | | | sportation Com | mittee. | | | | | | | | |
| Parent or Guardian Name: (Please Print) Pre-kindergarten (Please Print) | | | | | Stude | nt Name | School | Grade | | | | |
| Statement of Guardian Name: (Please Print) Statement of Guardian Name: (Please Print) Both Semesters | County Approval | □ yes | □ no | | | | | <u>DR:</u> | | | | |
| Physical Address (street address only): Statement | Parent or Guardian | Name: (Pleas | e Print) | | | | | ☐ 2nd Semester Only | / □ Both Semesters | | | |
| Sistance from home to nearest school (one way) Elementary 12.6 HS 0 Ustance from home to nearest school (one way) Elementary 12.6 HS 0 Contract: To or from Bus Stop times per day, days per week to or from School times per day, days per week to or from School times per day. days per week to or from Schoo | | troot addraga | only): | | | | | | | | | |
| Distance from home to nearest school (one way) Elementary 12.6 | Physical Address (s | treet address | oniy): | | | □ 1st | Semester Only | □ 2nd Semester Only | √ □ Both Semesters | | | |
| Distance from home to nearest school (one way) Elementary 12.6 | | | | | | | | | ine students also covered | | | |
| Distance from home to nearest bus stop, if any (one way) Elementary 0 | | | hool (one wa | y) | | by thi | s contract: | | | | | |
| To or from Bus Stop | • | | | , | | To or | from Bus Stop from School | times per day, _ times per day, _ | days per week | | | |
| Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K | | | is stop, if any | (one way) | | Kinde To or | ergarten child ride from Bus Stop | es <u>without</u> other school times per day. | ol-age students: davs per week | | | |
| Pre-K K Total | □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport dre provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application by the teacher or principal of the school or fusion to remark the school or fusion to remark the school or fusion to remark the school or fusion to reported on the basis of the school wear or when the student(s) is no longer enrolled in school, whichever occurs first. The parent shall transport the school or fusion the school or fusion to contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Shappen | | , , | the students to be | e covered by th | is contract. | | | | | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District (district name) County name) County name) County, hereinafter referred to as the District (s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall promise the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The parent shall transport me students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. The parent shall transport me students will be parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees I attest that the above information is true and correct. | | Pre-K | К | 1-8 | 9-12 | PARE | NTS: Due to Sch | ool Clerk June 1. | | | | |
| Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | | Total | Total | Total | Total | | KS: Send original | to County Supt by July | / 1, retain a copy for your | | | |
| Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) | Regular Trans | | | | | | ITV 011DED111TE1 | IDENITO O 1 | 0011 11 40 41 | | | |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the business are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | Spec. Ed. Trans | | | | | | | IDENIS: Send origina | I to OPI by July 10, retain a | | | |
| Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the business are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | Room & Board | | | | | | RE | IMBURSEMENT RA | ATE | | | |
| Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name), County, hereinafter referred to as the District(s). The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The parents shall transported on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct. | Correspondence | | | | | | | | | | | |
| Agreement between parent (parent name) | _ | | | | | | | | | | | |
| Agreement between parent (parent name) | Contingency | | | | | | Reimb | | nined by | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | Spec. Ed. Contin. | | | | | | | 20 10 142, 10071. | | | | |
| (county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | | | | | | | | | | | | |
| The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | Agreement betweer | n parent (parei | nt name) | | | , and s | school district (dist | rict name) | , | | | |
| 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct. | | | | | County, hereinaf | ter referred to | o as the District(s). | | | | | |
| 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | The parent shall tra | ansport or provide t | | | | | | | ian assures that a licensed and | | | |
| 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District West Valley Elem High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | In March and June | , the District shall p | | | | | | | nber of days the student(s) was | | | |
| Elementary School District West Valley Elem High School District Chair, Board of Trustees Chair, Board of Trustees Date I attest that the above information is true and correct. | The payment shall | be computed on th | | | | | | | | | | |
| High School District Chair, Board of Trustees Date I attest that the above information is true and correct. | Elementary School | | | | | | | | Date | | | |
| | | | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | | <u> </u> | Lattes | t that the above i | information is | s true and correct | | <u> </u> | | | |
| | Signature - Parent or | Guardian | | . 41.00 | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | | |
|--|--|---|--|--------------------------|--|---|---|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | 1 | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsib | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | l high schoo | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be reversely common time. | ce. In order to iewed and ap nittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval | Elem District Approval yes no HS District Approval no | | | | | | School | Grade | | |
| County Approval | | no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Parent or Guardian Name: (Please Print) | | | | | | □ 2nd Semester Or | nly Both Semesters | | |
| Laura L. Fitzsim Physical Address (s | | only): | | | | -kindergarten/Kinderg | | | | |
| Filysical Address (s | lieel address | Offig). | | | | Ţ | | nly Both Semesters | | |
| Distance from home Elementary 10.2 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Total Kind Total Total Total PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, times per day, ts without other sch times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da | | |
| Room & Board | | | | | | | IMBURSEMENT Fict, county and OP | | | |
| Correspondence | | | | | | · | | | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | |
| Agreement between parent (parent name) | | | | | | | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date | | |
| High School District | : | Chair, Boar | d of Truste | es | | | | Date | | |
| | I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | ox 202501 a, MT 59620 | -2501 | | | | ar 2005- 2006 ol Clerk June 1 | | | | |
|---|--|---|--|---|--|--|---|--|--|--|
| Elementary District Res | ponsible for Re | imbursing the | Contract | | | County | • | Legal Entity | | |
| West Valley Eler | m | | | | | Flathead | | 1184 | | |
| High School or K-12 Dis | | le for Reimbu | rsing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between ele | ementary an | d high schoo | ol? | | | | | | |
| Are you applying for (If yes, please attach | explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section 2 rates for special circum- increased rates, individing trustees of the district, the Public Instruction. (10.7) | stances of isola ual circumstanc he county trans | tion of resident es must be resportation com | ce. In order to viewed and ap mittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Stud | dent Name | School | Grade | | |
| Elem District Approval yes no Initials HS District Approval yes no | | | | | | dent Name | School | Grade | | |
| County Approval | | | | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian Name: (Please Print) | | | | | | st Semester Only | □ 2nd Semester Only | y Both Semesters | | |
| Leila Cabral | | | | | kindergarten/Kinderg | | | | | |
| Physical Address (st | oniy): | | | □ 1 | st Semester Only | □ 2nd Semester Only | y Both Semesters | | | |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for on Students in Each Grade Lee Regular Trans Spec. Ed. Trans | HS 0 to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kine by t To c Kine To c Kine To c PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, times per day, times per day, s without other scho times per day, times per day, times per day, tool Clerk June 1. | days per week days per week days per week ol-age students: days per week | | |
| Room & Board Correspondence | | | | | | | IMBURSEMENT RA | | | |
| Reg. | | | | | | | | | | |
| Contingency | | | | | | Reimbu | ursement rate is detern 20-10-142, MCA. | nined by | | |
| Spec. Ed. Contin. | | | | | | | , | | | |
| insured driver will trace. In March and June, transported for the payment shall to | s: nsport or provide to ansport the studen the District shall poast semester. se computed on the | ransportation for the Mileage con ay the parent the e basis of the so | the student(s) to tracts are valid of sum officially a hedule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | or bus stop on on for the dista ation upon certi | nce reported on the contract | session. The parent or guard at actually occurs. incipal of the school of the nur | ian assures that a licensed and mber of days the student(s) was | | |
| Elementary School D | | | rd of Truste | | s. smoned in se | street, willone ver occurs ins | | Date | | |
| West Valley Elem High School District | | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | <u> </u> | I attest | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | | 2005- 2006 Il Clerk June 1 | | | |
|---|--|--|---|---|--|---|---|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) | 1 | □ No | mhursement | Stude | ent Name | School | | Grade |
| rates for special circun increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ition of resider ses must be re sportation com | nce. In order to viewed and appoint and the mittee, and the | to receive pproved by the | Stude | ent Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Stude | ent Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stude | ent Name | School | | Grade |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 It Semester Only | □ 2nd Semester On | lly □ Both Semes | sters |
| Linda Tutvedt | | | | | | | garten | | |
| Physical Address (s | only): | | | | indergarten/Kinder t Semester Only | ☐ 2nd Semester Or | lly Both Semes | sters | |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Le | HS 0 e to nearest bu HS 0 ne-way only | is stop, if any | y (one way) | is contract. 9-12 Total | Kind by th To or To or Kind To or To or Par | is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, | days pe days pe ool-age students: days pe days pe | er week er week er week er week |
| Spec. Ed. Trans | | | | | | NTY SUPERINTEN for your files. | IDENTS: Send origin | al to OPI by July 10 | , retain a |
| Room & Board | | | | | сору | | EIMBURSEMENT R | RATE | |
| Correspondence | | | | | | (For dist | rict, county and OP | I use only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | , | |
| Agreement betweer | n parent (paren | nt name) | | County hereina | | school district (dist | , | | , |
| The parties agree as follow 1. The parent shall trainsured driver will to insured driver will to a large transported for the same transported for the same transported for the same transported for the same transported for the payment shall | ansport or provide to ransport the studer the District shall properties, past semester. be computed on the | nts. Mileage con pay the parent the ne basis of the so | the student(s) t tracts are valid of e sum officially a | to and from the schoo only when transportat approved in the applic hed in Section 20-10- | ol or bus stop on to tion for the distan cation upon certification, MCA, and the | he days when school is ir ce reported on the contra | session. The parent or guar ct actually occurs. rincipal of the school of the n ring this contract. | | |
| Elementary School | | | ard of Truste | | , 0000 111 301 | , | ··· | Date | |
| West Valley Elem High School District | | Chair, Boa | ard of Truste | ees | | | | Date | |
| | | <u> </u> | l attes | t that the above | information i | s true and correct. | | | |
| Signature - Parent or | Guardian | | i alles | n that the above | ioimaliui i | o and difficult | Date | | |
| 2.g i aiciii 0i | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | Du | e to Scho | ol Clerk June 1 | | |
|--|---|----------------------------------|--------------------------------|--------------------------|-------------------------------|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | em | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsi | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | red between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo | | | □ No | | Stud | dent Name | School | Grade |
| (If yes, please attaction: Section | 20-10-142, MC/ | A, provides for | | | | | | |
| rates for special circur increased rates, individe trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be re sportation com | viewed and a mittee, and th | pproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolatio | n has been ap | oproved by the | Stud | dent Name | School | Grade |
| | Initials m District Approval □ yes □ no | | | | | dent Name | School | Grade |
| HS District Approval | □ yes | □ no | | | TUI | S CONTRACT IS FO | np. | |
| County Approval Parent or Guardian | County Approval □ yes □ no Parent or Guardian Name: (Please Print) | | | | | des 1-12 | | - D # 0 |
| | | , | | | □ 1 | st Semester Only | □ 2nd Semester Only | □ Both Semesters |
| Lisa & Kent Mcl Physical Address (s | | only): | | | | kindergarten/Kinder st Semester Only | garten □ 2nd Semester Only | □ Both Semesters |
| | | | | | | · | • | _ Both Comedicio |
| Distance from home Elementary 3.5 Distance from home Elementary 0 | HS 0 | | | | Kind by to To d Kind | his contract: or from Bus Stop or from School dergarten child ride | es <u>with</u> other school-a times per day, _ times per day, _ es without other school | days per week days per week bl-age students: days per week |
| □ Contract is for o | ne-way only | | | | То | or from School | times per day, _ | days per week |
| Students in Each Grade L | , , | the students to I | be covered by th | is contract. | De | adlines: | | |
| | Pre-K | К | 1-8 | 9-12 | PAF | RENTS: Due to Sch | ool Clerk June 1. | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Send original | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | |
| Correspondence | | | | | | (i oi dist | not, county and or i | use offiy) |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | ined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agracment between | naront (paro | nt namo) | | | 200 | d school district (dist | rict name) | |
| | i parein (pare | nt name) | | | | | | ······································ |
| (county name) The parties agree as follow | | | | 3 , | | to as the District(s). | | |
| insured driver will t | transport the stude | nts. Mileage cor | ntracts are valid | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | an assures that a licensed and nber of days the student(s) was |
| transported for the | past semester. | • | • | | · | the information accompany | · | iber of days the student(s) was |
| 4. This contract shall Elementary School | terminate at the er | nd of the school | year or when the | student(s) is no longe | er enrolled in so | chool, whichever occurs firs | st. | Date |
| West Valley Elem | | | | | | | | |
| High School District | L | Chair, Boa | ard of Truste | ees | | | | Date |
| | | | l attes | t that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | ue to School | 2005- 2006 Clerk June 1 | | | |
|--|---|--|---|---|--|---|---|--|--------------------------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | |
| West Valley Ele | m | | | | ı | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimbur | rsing the Conf | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attac ISOLATION: Section | h explanation) | 1 | □ No | mhursement | Studer | nt Name | School | | Grade |
| rates for special circun increased rates, indivic trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | ation of residen ses must be rev sportation com | ce. In order t viewed and ap mittee, and th | o receive oproved by the | Studer | nt Name | School | | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolatior | n has been ap | pproved by the | Studer | nt Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Studer | nt Name | School | | Grade |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grade □ 1st | s 1-12 Semester Only | □ 2nd Semester On | ly □ Both Semes | sters |
| Lisa C. Caldwel | l | | | | Pre-kir | ndergarten/Kinder | narten | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly Both Semes | sters |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | ıs stop, if any | (one way) | is contract. 9-12 Total | Kinde by this To or f To or f Kinde To or f CLER files. COUN | rgarten child rides contract: from Bus Stop | times per day, times | days pe It is a copy for the copy for the copy ATE I use only) | r week r week r week r week |
| Spec. Ed. Contin. | | | | | | | 20-10-142, IVIOA. | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide transport the studer, the District shall past semester. be computed on the | rransportation for nts. Mileage cont pay the parent the ne basis of the sci | the student(s) t tracts are valid of sum officially a hedule establish | o and from the school only when transportati approved in the applicated in Section 20-10- | fter referred to of or bus stop on the cion for the distance action upon certifica 142, MCA, and the | e reported on the contra | session. The parent or guar ct actually occurs. rincipal of the school of the nuring this contract. | | |
| Elementary School | | | rd of Truste | | 2. 5554 111 50110 | | | Date | |
| West Valley Elem High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | <u> </u> | l attes | t that the above | information is | true and correct. | | <u> </u> | |
| Signature - Parent or | Guardian | | i attos | . and and above | omadon is | und und contect. | Date | | |
| | | | | | | | Ī | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|---------------------------------------|--------------------|----------------------------|--------------------------|-------------------------|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | |
| West Valley Ele | m | | | | 1, | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | • | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | nt Name | School | Grade | |
| (If yes, please attac | | | increased reir | mbursement | Stude | iit ivaille | School | Orace | |
| rates for special circun increased rates, individ | nstances of isola dual circumstand | ation of residen | ce. In order t | o receive oproved by the | Stude | nt Name | School | Grade | |
| trustees of the district, Public Instruction. (10. | | | | е Опісе от | - | | | | |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | nt Name | School | Grade | |
| Elem District Approval | □ yes | Init□ no | tials | | Stude | nt Name | School | Grade | |
| HS District Approval County Approval | | □ no □ no | | | THIS | CONTRACT IS FO | DR: | | |
| Parent or Guardian | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Lori Grinde | | | | | | ndergarten/Kinder | • | | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters | |
| | | | | | | ERGARTEN/PRE | | | |
| Distance from home Elementary 4.2 | e to nearest so HS 0 | hool (one wa | ıy) | | by thi | s contract: | | ge students also covered | |
| Distance from home | | ıs stop. if anv | (one way) | | To or i | from Bus Stop from School | times per day, _ times per day, _ se without other school | days per week days per week ol-age students: | |
| Elementary 0 | HS 0 | ,, | (, , | | To or | from Bus Stop | times per day | days per week days per week | |
| □ Contract is for o | ne-way only | | | | | | times per day, _ | days per week | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | dlines: NTS: Due to Scho | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLER | | | / 1, retain a copy for your | |
| Regular Trans | | | | | files. | ITY OUDEDINES. | IDENTO Con designing | I to ODI by July 40 matein a | |
| Spec. Ed. Trans | | | | | | or your files. | IDENIS: Send origina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | Reimbi | ursement rate is determ | nined by | |
| Contingency Spec. Ed. Contin. | | | | | | 1 (0)1110 | 20-10-142, MCA. | iniod by | |
| Speed 201 | | | | | | | | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | school district (disti | rict name) | ,, | |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | ter referred to | as the District(s). | | | |
| insured driver will t | ransport the stude | nts. Mileage conf | tracts are valid of | only when transportation | on for the distance | e reported on the contract | ct actually occurs. | an assures that a licensed and | |
| transported for the | past semester. | , , | , | | · | | · | nber of days the student(s) was | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | e information accompany ool, whichever occurs firs | | Data | |
| Elementary School West Valley Elem | | , | rd of Truste | | | | | Date | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information is | true and correct. | | • | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|---------------------------------------|--------------------|----------------------------|--------------------------|-------------------------|---|---|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | |
| West Valley Ele | m | | | | 1, | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Cont | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | • | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | nt Name | School | Grade | |
| (If yes, please attac | | | increased reir | mbursement | Stude | iit ivaille | School | Orace | |
| rates for special circun increased rates, individ | nstances of isola dual circumstand | ation of residen | ce. In order t | o receive oproved by the | Stude | nt Name | School | Grade | |
| trustees of the district, Public Instruction. (10. | | | | е Опісе от | - | | | | |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | nt Name | School | Grade | |
| Elem District Approval | □ yes | Init□ no | tials | | Stude | nt Name | School | Grade | |
| HS District Approval County Approval | | □ no □ no | | | THIS | CONTRACT IS FO | DR: | | |
| Parent or Guardian | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Lori Grinde | | | | | | ndergarten/Kinder | • | | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters | |
| | | | | | | ERGARTEN/PRE | | | |
| Distance from home Elementary 4.2 | e to nearest so HS 0 | hool (one wa | ıy) | | by thi | s contract: | | ge students also covered | |
| Distance from home | | ıs stop. if anv | (one way) | | To or i | from Bus Stop from School | times per day, _ times per day, _ se without other school | days per week days per week ol-age students: | |
| Elementary 0 | HS 0 | ,, | (, , | | To or | from Bus Stop | times per day | days per week days per week | |
| □ Contract is for o | ne-way only | | | | | | times per day, _ | days per week | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | dlines: NTS: Due to Scho | ool Clerk June 1. | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLER | | | / 1, retain a copy for your | |
| Regular Trans | | | | | files. | ITY OUDEDINES. | IDENTO Con designing | I to ODI by July 40 matein a | |
| Spec. Ed. Trans | | | | | | or your files. | IDENIS: Send origina | I to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | Reimbi | ursement rate is determ | nined by | |
| Contingency Spec. Ed. Contin. | | | | | | 1 (0)1110 | 20-10-142, MCA. | iniod by | |
| Speed 201 | | | | | | | | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | school district (disti | rict name) | ,, | |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | ter referred to | as the District(s). | | | |
| insured driver will t | ransport the stude | nts. Mileage conf | tracts are valid of | only when transportation | on for the distance | e reported on the contract | ct actually occurs. | an assures that a licensed and | |
| transported for the | past semester. | , , | , | | · | | · | nber of days the student(s) was | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no longe | | e information accompany ool, whichever occurs firs | | Data | |
| Elementary School West Valley Elem | | , | rd of Truste | | | | | Date | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information is | true and correct. | | • | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 20-2501 | Due to School Clerk June 1 | | | | | |
|--|---|--|--|---|---|---|--|
| Elementary District Responsible for F | Reimbursing the Co | ntract | | County | <u> </u> | Legal Entity | |
| West Valley Elem | | | | Flathead | | 1184 | |
| High School or K-12 District Respons | sible for Reimbursin | g the Contract | | County | | Legal Entity | |
| | | | | | | | |
| Is this contract shared between € □ yes □ no | elementary and h | igh school? | | | | | |
| Are you applying for isolation sta (If yes, please attach explanation | ٦) | □ No | | udent Name | School | Grade | |
| ISOLATION: Section 20-10-142, MC rates for special circumstances of iso increased rates, individual circumstan trustees of the district, the county tral Public Instruction. (10.7.116 ARM pro | lation of residence. nces must be review reportation committed. | In order to received and approve ee, and the Offic | ive d by the | udent Name | School | Grade | |
| Check here only if increased paymen District Trustees and the County Trar | it due to isolation ha | as been approved | Stu | ident Name | School | Grade | |
| Elem District Approval | Initials □ no □ no | S | Stu | ident Name | School | Grade | |
| County Approval | □ no | | | IS CONTRACT IS FO ades 1-12 | OR: | | |
| Parent or Guardian Name: (Plea | se Print) | | | 1st Semester Only | □ 2nd Semester Onl | y Both Semesters | |
| Lynn Carper Physical Address (street address | s only). | | | e-kindergarten/Kinder | | | |
| 1 Hysical Address (street address | only). | | | • | | y Both Semesters | |
| Distance from home to nearest selementary 8 HS 0 Distance from home to nearest selementary 0 HS 0 Contract is for one-way only students in Each Grade Level - Only include | ous stop, if any (o | overed by this contra | Kii by To To Kii To To | this contract: or from Bus Stop or from School ndergarten child ride or from Bus Stop | times per day, times | days per week days per week days per week col-age students: days per week days per week days per week | |
| Pre-K Total | K Total | - | | - | I to County Supt by Jul | y 1, retain a copy for your | |
| Regular Trans | | | file | | IDENTS: Cond origina | al ta ODI hu lulu 40 matain a | |
| Spec. Ed. Trans | | | | by for your files. | NDEN15: Send origina | al to OPI by July 10, retain a | |
| Room & Board | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | (For dist | rict, county and OPI | use only) | |
| Reg. Contingency | | | | Reimb | ursement rate is deterr | mined by | |
| Spec. Ed. Contin. | | | | | 20-10-142, MCA. | | |
| | 1 | 1 | | • | | | |
| Agreement between parent (pare | ent name) | | , ar | nd school district (dist | rict name) | | |
| (county name) | | Count | v. hereinafter referre | d to as the District(s). | | | |
| The parties agree as follows: 1. The parent shall transport or provide | | student(s) to and fr | om the school or bus stop of | on the days when school is in | n session. The parent or guard | dian assures that a licensed and | |
| insured driver will transport the stud 2. In March and June, the District shall transported for the past semester. | | | | | | imber of days the student(s) was | |
| 3. The payment shall be computed on 4. This contract shall terminate at the | | | | | | | |
| Elementary School District | Chair, Board | | -(-) to the larger emblied III | | | Date | |
| West Valley Elem High School District | Chair, Board | of Trustees | | | | Date | |
| | 1 | I attest that | the above informatio | n is true and correct. | | l | |
| Signature - Parent or Guardian | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 |)-2501 | Due to School Clerk June 1 | | | | | | |
|---|--|--|-----------------------------|-------------------------|-------------------------|---|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbur | sing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high scho | ol? | | | | | |
| Are you applying for | | | □ No | | Stude | nt Name | School | Grade | |
| (If yes, please attac ISOLATION: Section | 20-10-142, MCA | A, provides for i | | | | | | | |
| rates for special circun increased rates, individ trustees of the district, | dual circumstand the county trans | ces must be reversion comments | viewed and apmittee, and th | oproved by the | Stude | nt Name | School | Grade | |
| Public Instruction. (10. | · | , and the second | , | | Stude | nt Name | School | Grade | |
| Check here only if incr District Trustees and the | | sportation Com | mittee. | pproved by the | | | | | |
| Elem District Approval yes no Initials | | | | | Stude | nt Name | School | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | |
| Marcy Roberts | | | | | Pre-kii | ndergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters | |
| | | | | | | RGARTEN/PRE | | | |
| Distance from home Elementary 5 | e to nearest so HS 0 | hool (one wa | ıy) | | by thi | s contract: | | ge students also covered days per week | |
| Distance from home Elementary 0 | to nearest bu | ıs stop, if any | (one way) | | To or t Kinde | from School rgarten child ride | times per day, _ s without other school | days per week ol-age students: days per week days per week days per week | |
| □ Contract is for o | ne-way only | | | | To or t | from School | times per day, _ | days per week | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | llines: NTS: Due to Scho | aal Clark kuna 4 | | |
| | Pre-K | K | 1-8 | 9-12 | | | | | |
| | Total | Total | Total | Total | CLER files. | KS: Send original | to County Supt by July | / 1, retain a copy for your | |
| Regular Trans | | | | | COUN | ITY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a | |
| Spec. Ed. Trans | | | | | | or your files. | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) | |
| Reg. | | | | | | Daimb | | alle and leave | |
| Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is determ 20-10-142, MCA. | lined by | |
| Spec. Lu. Contin. | | | | | | | | | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | school district (distr | rict name) | , | |
| (county name) The parties agree as follow | vs: | | | County, hereinaf | ter referred to | as the District(s). | | | |
| The parent shall tra | ansport or provide | | | | | e days when school is in e reported on the contrac | | an assures that a licensed and | |
| In March and June transported for the | , the District shall p past semester. | pay the parent the | sum officially a | approved in the applica | ation upon certifica | ation by the teacher or pr | rincipal of the school of the nur | nber of days the student(s) was | |
| This contract shall | terminate at the er | nd of the school ye | ear or when the | student(s) is no longe | | information accompany ol, whichever occurs firs | | L D-4- | |
| Elementary School West Valley Elem | | Chair, Boa | rd of Truste | ees | | | | Date | |
| High School District | | Chair, Boa | rd of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | school Year ue to School | 2005- 2006 Clerk June 1 | | | |
|--|---|--|---|---|---|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mbursement | Stude | nt Name | School | | Grade |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola dual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appoint and the mittee, and the | o receive oproved by the | Stude | nt Name | School | | Grade |
| Check here only if incr District Trustees and th | eased payment | due to isolation | n has been ap | pproved by the | Stude | nt Name | School | | Grade |
| Elem District Approval | | □ no | tials | | Stude | nt Name | School | | Grade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester On | ly Both Seme | sters |
| Mark J. Schwag | | | | Pre-ki | ndergarten/Kinder | garten | | | |
| Physical Address (s | treet address | only): | | | | | ☐ 2nd Semester On | ly Both Seme | sters |
| Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for on Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | y (one way) | is contract. 9-12 Total | Kinde by thi To or To or Kinde To or To or To or Page | ergarten child ride s contract: from Bus Stop from School ergarten child ride from Bus Stop from School from School dlines: | times per day, | days pe days pe col-age students: days pe | er week er week er week er week |
| Regular Trans | | | | | files. | | | | |
| Spec. Ed. Trans | | | | | | ITY SUPERINTEN or your files. | NDENTS: Send origin | al to OPI by July 10 | , retain a |
| Room & Board | | | | | | RE | EIMBURSEMENT R | ATE | |
| Correspondence | | | | | | (For dist | rict, county and OP | I use only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | , | |
| | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and s | school district (dist | rict name) | | , |
| (county name) | | | | County hereina | fter referred to | as the District(s) | | | |
| The parties agree as follow | | transportation for | | • | | () | n session. The parent or guar | dian assures that a licens | ed and |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | tion for the distanc | e reported on the contra | | | |
| transported for the | past semester. | | • | | · | e information accompany | • | and a days are statent | (6) |
| | terminate at the er | nd of the school y | | student(s) is no long | | ool, whichever occurs firs | | Date | |
| West Valley Elem | | , | | | | | | | |
| High School District | : | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | I attes | t that the above | information is | true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | Due to School Clerk June 1 | | | | | | | |
|--|--------------------------------------|------------------------------------|------------------------------|--------------------------|--------------------|---|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Conf | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar □ yes □ no | ed between e | lementary and | high school | ol? | | | | | | |
| Are you applying fo | r isolation stat | us? 🗆 Yes | □ No | | 04 | d4 N1 | Oakaal | Ozzada | | |
| (If yes, please attac ISOLATION: Section rates for special circum | h explanation 20-10-142, MC/ |) A, provides for i | ncreased reir | mbursement o receive | | dent Name | School | Grade | | |
| increased rates, individual trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be rev sportation comm | viewed and apmittee, and the | oproved by the | | dent Name | School | Grade | | |
| Check here only if incr District Trustees and to | | sportation Comr | mittee. | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | | □ no | ials | | Stud | dent Name | School | Grade | | |
| County Approval | | □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Marla K. Richm | ond | | | | Pre. | -kindergarten/Kinder | narten | | | |
| Physical Address (s | only): | | | | | ☐ 2nd Semester Only | / □ Both Semesters | | | |
| | | | | | | DERGARTEN/PRE | | | | |
| Distance from home Elementary 5.4 | e to nearest so HS 0 | chool (one wa | y) | | bv t | his contract: | · | ge students also covered days per week days per week | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week | | |
| □ Contract is for o | ne-way only | | | | 100 | JI IIOIII SCIIOOI | tiriles per day, _ | days per week | | |
| Students in Each Grade L | evel - Only include | the students to be | e covered by the | is contract. | | adlines: RENTS: Due to Sch | ool Clark June 1 | | | |
| | Pre-K | K | 1-8 | 9-12 | FAI | CENTS. Due to Scri | ooi Cierk Julie 1. | | | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | / 1, retain a copy for your | | |
| Regular Trans | | | | | CO | UNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | | y for your files. | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | |
| Correspondence | | | | | | (, e, a,e, | not, county and or r | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | , I | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , | | |
| | | | | | | I to as the District(s) | | | | |
| (county name) The parties agree as follow | | | | • | | ` , | | | | |
| insured driver will t | ransport the stude | nts. Mileage cont | racts are valid o | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | an assures that a licensed and | | |
| transported for the | past semester. | , , | • | | | | · | nber of days the student(s) was | | |
| | | | | | | the information accompany chool, whichever occurs first | | | | |
| Elementary School West Valley Elem | District | Chair, Boa | rd of Truste | es | | | | Date | | |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date | | |
| | | | l attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | 1 41165 | נ נוומנ נוופ מטטעפ | iiioiiiialioii | is true and correct. | Date | | | |
| orginature - i arciil Or | -uui uiaii | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | | | l Clerk June 1 | | | |
|--|---|--|---|---------------------------|---|--|---|---|-------------------|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | <u> </u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | |
| Are you applying for (If yes, please attack ISOLATION: Section: | h explanation) |) | □ No | mbursement | Stude | ent Name | School | Gra | ade |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of resider ces must be re sportation com | nce. In order to viewed and appoint and the mittee, and the | to receive pproved by the | Stude | ent Name | School | Gra | ade |
| Check here only if incre District Trustees and the | eased payment | due to isolatio | n has been ap | pproved by the | Stude | ent Name | School | Gra | ade |
| Elem District Approval | | □ no | tials | | Stude | ent Name | School | Gra | ade |
| HS District Approval County Approval | | □ no □ no | | | | CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 It Semester Only | □ 2nd Semester On | lly □ Both Semesters | 3 |
| Mary M. Connol | ly | | | | Pre-k | indergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | | ly Both Semesters | 3 |
| Distance from home Elementary 3.1 Distance from home Elementary 0 Contract is for or Students in Each Grade Le | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | y (one way) | is contract. | Kind by th To or To or Kind To or To or | is contract: from Bus Stop from School ergarten child ride from Bus Stop | times per day, times per day, times per day, es without other sche times per day, times per day, times per day, | days per we | eek eek eek |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CI FI | RKS: Send origina | I to County Sunt by Ju | lly 1, retain a copy for yo | our |
| Regular Trans | | | | | files. | trier cond origina | to county capt by co | , 1, 10tain a dopy for yo | Jui |
| Spec. Ed. Trans | | | | | | NTY SUPERINTEN for your files. | IDENTS: Send origin | al to OPI by July 10, reta | ain a |
| Room & Board | | | | | | | EIMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | rict, county and OP | I use only) | |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | mined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| | | | | | | | | | |
| Agreement between | parent (parei | nt name) | | | , and | school district (dist | rict name) | | |
| (county name) The parties agree as follow | vs: | | | County, hereina | fter referred | to as the District(s). | | | |
| insured driver will to | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | tion for the distan | ce reported on the contra | ct actually occurs. | dian assures that a licensed and | |
| transported for the | past semester. | | • | | · | | · | umber of days the student(s) wa | ıs |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | ne information accompany nool, whichever occurs firs | | 1 = . | |
| Elementary School West Valley Elem | District | Chair, Boa | ard of Truste | ees | | | | Date | |
| High School District | | Chair, Boa | ard of Truste | es | | | | Date | |
| | | | I attes | t that the above | information | s true and correct. | | <u> </u> | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | Due to School Clerk June 1 | | | | | | |
|---|--|--|-----------------------|--|--|--|--|--|
| Elementary District Responsible for R | Reimbursing the Co | ntract | | County | | Legal Entity | | |
| West Valley Elem | | | | Flathead | | 1184 | | |
| High School or K-12 District Respons | ible for Reimbursin | g the Contract | | County | | Legal Entity | | |
| | | | | | | | | |
| Is this contract shared between e | elementary and h | nigh school? | | <u> </u> | | | | |
| Are you applying for isolation sta | tus? □ Yes | □ No | Stu | dent Name | School | Grade | | |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | reased reimbursement | Sidi | dent ivallie | School | Orace | | |
| rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar | lation of residence nces must be review resportation commit | In order to receive wed and approved by the tee, and the Office of | e Stu | dent Name | School | Grade | | |
| Public Instruction. (10.7.116 ARM pro Check here only if increased paymen | , and the second | , | Stu | dent Name | School | Grade | | |
| District Trustees and the County Tran | | tee. | | | | | | |
| Elem District Approval ☐ yes HS District Approval ☐ yes | □ no | <u> </u> | Stu | dent Name | School | Grade | | |
| County Approval | □ no | | | S CONTRACT IS FO des 1-12 | DR: | | | |
| Parent or Guardian Name: (Plea | se Print) | | | st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | |
| Michelle Carey | I. A. | | | -kindergarten/Kinder | | | | |
| Physical Address (street address | s only): | | | st Semester Only | 2nd Semester Only | / □ Both Semesters | | |
| Distance from home to nearest s Elementary 6 HS 0 | chool (one way) | | Kin by t | his contract: | es <u>with</u> other school-a | ge students also covered | | |
| Distance from home to nearest be Elementary 0 HS 0 | ous stop, if any (c | one way) | To (Kin | or from School dergarten child ride | times per day, _ es without other schoo | days per week days per week pl-age students: days per week | | |
| ☐ Contract is for one-way only | | | То | or from School | times per day, | days per week days per week | | |
| Students in Each Grade Level - Only includ | e the students to be co | overed by this contract. | | adlines: | | | | |
| Pre-K | К | 1-8 9-12 | PAI | RENTS: Due to Sch | ool Clerk June 1. | | | |
| Total | Total | Total Total | CLE | | to County Supt by July | / 1, retain a copy for your | | |
| Regular Trans | | | | | IDENTS: Send origina | I to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | y for your files. | DENTO: Ocha oligina | rto or r by bury ro, retain a | | |
| Room & Board | | | | | IMBURSEMENT RA | | | |
| Correspondence | | | | (For dist | rict, county and OPI | use only) | | |
| Reg. | | | | Peimb | ursement rate is determ | nined by | | |
| Contingency Spec. Ed. Contin. | | | | Reillib | 20-10-142, MCA. | iiiled by | | |
| opoo. Ed. Ooridii. | | | | | | | | |
| | | | | | | | | |
| Agreement between parent (pare | ent name) | | , an | d school district (dist | rict name) | , | | |
| (county name) The parties agree as follows: | | County, here | einafter referred | I to as the District(s). | | | | |
| The parent shall transport or provide insured driver will transport the stud | | | | | | an assures that a licensed and | | |
| In March and June, the District shall transported for the past semester. | pay the parent the su | m officially approved in the | application upon cert | ification by the teacher or p | rincipal of the school of the nur | nber of days the student(s) was | | |
| The payment shall be computed on This contract shall terminate at the example. | end of the school year | or when the student(s) is no | | | | · | | |
| Elementary School District West Valley Elem | Chair, Board | of Trustees | | | | Date | | |
| High School District | Chair, Board | of Trustees | | | | Date | | |
| | | I attest that the ab | ove information | is true and correct. | | 1 | | |
| Signature - Parent or Guardian | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | | |
|---|--|--|--|--|---|--|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | 1 | Legal Entity | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | | |
| Elem District Approval HS District Approval | □ yes | Initia no no no | als | | Stud | dent Name | School | Grade | | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters | | | |
| Michelle Montin | | I. A. | | | | -kindergarten/Kinder | | | | | |
| Physical Address (s | treet address | oniy): | | | □ 1 | st Semester Only | □ 2nd Semester On | lly □ Both Semesters | | | |
| Distance from home Elementary 3.7 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sche times per day, | days per week da | | | |
| | ., | | | | | | | | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for the state. Mileage contral the parent the sale basis of the sche | ne student(s) to acts are valid o sum officially a | o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 | ter referred or bus stop on on for the dista tion upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and umber of days the student(s) was | | | |
| Elementary School | | Chair, Board | | | | ., | | Date | | | |
| West Valley Elem High School District | | Chair, Board | d of Truste | es | | | | Date | | | |
| | | | I attest | that the above i | nformation | is true and correct. | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|---|---|--|---|--|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Michelle Tutved Physical Address (s | | only (): | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sch | ne student(s) to acts are valid o sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was | | |
| West Valley Elem High School District | | Chair, Boar | d of Truste | es | | | | Date | | |
| 35551 2154100 | · | , 5001 | | | | | | | | |
| 0: | 0" | | I attes | t that the above i | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|---|---|--|---|--|---|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Michelle Tutved Physical Address (s | | only (): | | | | -kindergarten/Kinder | | | | |
| Physical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sch | ne student(s) to acts are valid o sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar tt actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was | | |
| West Valley Elem High School District | | Chair, Boar | d of Truste | es | | | | Date | | |
| 35551 2154100 | · | , 5001 | | | | | | | | |
| 0: | 0 | | I attes | t that the above i | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|--|---|--|--|--|--|--|---|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revi eportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initia □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | | | |
| Parent or Guardian | • | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | | |
| Mindie K. Rasm Physical Address (s | | only). | | | | -kindergarten/Kinder | | ali | | |
| i ilyolodi / tadi oco (o | ar oot addr ood | o y /. | | | | · | | nly Both Semesters | | |
| Distance from home Elementary 4.5 Distance from home Elementary 0 | HS 0 | | | | Kin by t To c To c Kin To c | this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, ses without other sch times per day, | days per week days per week days per week ool-age students: days per week days per week days per week days per week | | |
| □ Contract is for o | , , | | | | | | | · · · | | |
| Students in Each Grade Lo | | | | T | PAF | adlines: RENTS: Due to Sch | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE files | | to County Supt by Ju | uly 1, retain a copy for your | | |
| Regular Trans | | | | | | | IDENTS. Sand origin | nal to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | | y for your files. | IDENTS. Send ongin | ial to OF1 by July 10, letaill a | | |
| Room & Board | | | | | | | EIMBURSEMENT R | | | |
| Correspondence | | | | | | (i oi dist | not, county and or | ruse only) | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WCA. | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and | d school district (dist | rict name) | , | | |
| insured driver will t | ansport or provide t ransport the studer , the District shall p | nts. Mileage contr | he student(s) to acts are valid of | o and from the school only when transportation | or bus stop or on for the dista | ince reported on the contract | session. The parent or guar et actually occurs. | rdian assures that a licensed and number of days the student(s) was | | |
| The payment shall | be computed on th | | | | | the information accompany chool, whichever occurs firs | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date | | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|--|---|--|---|---|--|--|---|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | - | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | l high schoo | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be reversely common time. | ce. In order to iewed and ap nittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes □ | Initi □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters | | |
| Nancy Healy Physical Address (s | troot address | only): | | | | kindergarten/Kinder | | | | |
| 1 Hysical Address (s | illeet address | Offig). | | | | · | | nly Both Semesters | | |
| Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only evel - Only include | the students to be | (one way) | 9-12 | Kind by t To d Kind To d To d De | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School | times per day, times per day, times per day, es without other sche times per day, times per day, times per day, | days per week days per week | | |
| | Total | Total | Total | Total | CLE files | | to County Supt by Ju | uly 1, retain a copy for your | | |
| Regular Trans | | | | | | | IDENTS: Send origin | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | cop | y for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT Rict, county and OP | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter | rmined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | , | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | ansport or provide t ransport the studer , the District shall p past semester. be computed on the | nts. Mileage contr ay the parent the se basis of the sch | the student(s) to racts are valid of sum officially a redule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | or bus stop on on for the dista ation upon certi | nce reported on the contract | ct actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was | | |
| Elementary School | | Chair, Boar | | | 55 | | - | Date | | |
| West Valley Elem High School District | : | Chair, Boar | d of Truste | es | | | | Date | | |
| | | <u> </u> | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 5962 | 0-2501 | Di | ue to School Clerk June 1 | | |
|--|---------------------------|-------------------------|--|---|---|
| Elementary District Responsible for R | teimbursing the Cont | ract | County | | Legal Entity |
| West Valley Elem | | | Flathead | | 1184 |
| High School or K-12 District Respons | ible for Reimbursing | the Contract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between e | elementary and hig | h school? | | | |
| Are you applying for isolation sta | tus? □ Yes □ | No | Student Name | School | Grade |
| (If yes, please attach explanation ISOLATION: Section 20-10-142, MC | | ased reimbursement | | 301001 | Orace |
| rates for special circumstances of isolincreased rates, individual circumstantrustees of the district, the county tran | ices must be reviewe | d and approved by the | Student Name | School | Grade |
| Public Instruction. (10.7.116 ARM pro | vides guidelines for s | such.) | Student Name | School | Grade |
| Check here only if increased paymen District Trustees and the County Tran | sportation Committe | | | | |
| Elem District Approval yes | Initials | | Student Name | School | Grade |
| HS District Approval ☐ yes County Approval ☐ yes | no no | | THIS CONTRACT IS FO | OR: | |
| Parent or Guardian Name: (Pleas | se Print) | | Grades 1-12 □ 1st Semester Only | □ 2nd Semester Only | / □ Both Semesters |
| Natalia Pavliuk | | | Pre-kindergarten/Kinder | garten | |
| Physical Address (street address | s only): | | ☐ 1st Semester Only | | / □ Both Semesters |
| | | | KINDERGARTEN/PREI | | |
| Distance from home to nearest s Elementary 5 HS 0 | chool (one way) | | by this contract: | | ge students also covered days per week |
| Distance from home to nearest be Elementary 0 HS 0 | us stop, if any (on | e way) | To or from School Kindergarten child ride | times per day, _ es without other scho | days per week ol-age students: days per week days per week days per week |
| ☐ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include | e the students to be cove | ered by this contract. | Deadlines: | | |
| Pre-K | | I-8 9-12 | PARENTS: Due to Sch | ool Clerk June 1. | |
| Total | Total T | otal Total | CLERKS: Send origina files. | I to County Supt by July | / 1, retain a copy for your |
| Regular Trans | | | | IDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | ADENTO. Gend ongina | Tto Of T by July To, Tetalit a |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For dist | rict, county and OPI | use only) |
| Reg. | | | | | . |
| Contingency | | | Reimb | ursement rate is determ 20-10-142, MCA. | nined by |
| Spec. Ed. Contin. | | | | | |
| | | | | | |
| Agreement between parent (pare | ent name) | | , and school district (dist | rict name) | ······································ |
| (county name) The parties agree as follows: | | County, hereina | fter referred to as the District(s). | | |
| The parent shall transport or provide | | | ol or bus stop on the days when school is in tion for the distance reported on the contra | | an assures that a licensed and |
| | | | cation upon certification by the teacher or p | | nber of days the student(s) was |
| The payment shall be computed on | | | 142, MCA, and the information accompany per enrolled in school, whichever occurs first | | |
| Elementary School District West Valley Elem | Chair, Board of | Trustees | | | Date |
| High School District | Chair, Board of | Trustees | | | Date |
| | | I attest that the above | information is true and correct. | | |
| Signature - Parent or Guardian | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | | |
|---|---|--|--|--|--|--|---|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | 1 | Legal Entity | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimburs | ing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be review to the comments of the comme | e. In order t ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | | |
| Elem District Approval HS District Approval | □ yes □ | Initia no no no | als | | Stud | dent Name | School | Grade | | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters | | | |
| Nichole Canning Physical Address (s | | only): | | | | -kindergarten/Kinder | | | | | |
| Physical Address (s | ireer address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters | | | |
| Distance from home Elementary 6.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week da | | | |
| Correspondence Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state. Mileage contral the same basis of the schelage transfer in the same transfer in | ne student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was | | | |
| West Valley Elem High School District | | Chair, Boar | d of Truste | es | | | | Date | | | |
| | | <u> </u> | l attes | t that the above i | information | is true and correct. | | | | | |
| Signature - Parent or | Guardian | | i alles | t triat trie above i | momation | is true and correct. | Date | | | | |
| | | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | | |
|---|---|--|--|--|--|--|---|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | 1 | Legal Entity | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimburs | ing the Cont | ract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be review to the comments of the comme | e. In order t ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | | |
| Elem District Approval HS District Approval | □ yes □ | Initia no no no | als | | Stud | dent Name | School | Grade | | | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters | | | |
| Nichole Canning Physical Address (s | | only): | | | | -kindergarten/Kinder | | | | | |
| Physical Address (s | ireer address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters | | | |
| Distance from home Elementary 6.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by to Too Kin Too Co | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week da | | | |
| Correspondence Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state. Mileage contral the same basis of the schelage transfer in the same transfer in | ne student(s) to acts are valid of sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was | | | |
| West Valley Elem High School District | | Chair, Boar | d of Truste | es | | | | Date | | | |
| | | <u> </u> | l attes | t that the above i | information | is true and correct. | | | | | |
| Signature - Parent or | Guardian | | i alles | t triat trie above i | momation | is true and correct. | Date | | | | |
| | | | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | | | ol Clerk June 1 | | |
|---|-----------------------------------|---------------------|-----------------|--------------------------|----------------------|--------------------------------------|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | · | Legal Entity |
| West Valley Ele | em | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsil | ble for Reimbur | sing the Con | tract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | lementary and | d high scho | ol? | | | | |
| Are you applying fo | | | □ No | | Stude | ent Name | School | Grade |
| (If yes, please attact ISOLATION: Section rates for special circum | 20-10-142, MCA | A, provides for i | ncreased reir | mbursement to receive | | | | |
| increased rates, individual trustees of the district, Public Instruction. (10.) | the county trans | sportation comr | nittee, and th | | | ent Name | School | Grade |
| Check here only if incr District Trustees and to | reased payment he County Trans | sportation Com | mittee. | proved by the | Stude | ent Name | School | Grade |
| Elem District Approval | | □ no | ials | | Stude | ent Name | School | Grade |
| HS District Approval County Approval | | □ no | | | | CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | es 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Nicole D. Lynch | | | | | Pre-l | kindergarten/Kinder | narten | |
| Physical Address (s | treet address | only): | | | | | | nly Both Semesters |
| | | | | | KINE | ERGARTEN/PREI | KINDERGARTEN: | |
| Distance from home Elementary 4 | e to nearest so HS 0 | chool (one wa | y) | | by th | is contract: | | -age students also covered days per week days per week |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kind To oi | ergarten child ride from Bus Stop | es <u>without</u> other sch times per day, | ool-age students: days per week |
| □ Contract is for o | ne-way only | | | | 10 01 | from School | times per day, | days per week |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | Dea | dlines: ENTS: Due to Sch | ool Clerk June 1 | |
| | Pre-K | K | 1-8 | 9-12 | | | | |
| | Total | Total | Total | Total | files. | RKS: Send origina | to County Supt by Ju | uly 1, retain a copy for your |
| Regular Trans | | | | | COU | NTY SUPERINTEN | IDENTS: Send origin | nal to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | copy | for your files. | | |
| Room & Board | | | | | | | IMBURSEMENT Frict, county and OP | |
| Correspondence | | | | | | (1 Of dist | nict, county and Or | r use orny) |
| Reg. Contingency | | | | | | Reimb | ursement rate is deter | rmined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n narent (nare | nt name) | | | and | school district (dist | rict name) | |
| | i parein (pare | nt name) | | | | ` | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (county name) The parties agree as follow | | | | • | | to as the District(s). | | |
| insured driver will t | transport the stude | nts. Mileage cont | racts are valid | only when transportati | ion for the distan | ce reported on the contra | ct actually occurs. | rdian assures that a licensed and |
| transported for the | past semester. | • | • | | | ne information accompany | · | uniber of days the student(s) was |
| | terminate at the er | nd of the school ye | | student(s) is no longe | | nool, whichever occurs firs | | Date |
| West Valley Elem | | , | | | | | | |
| High School District | [| Chair, Boa | rd of Truste | es | | | | Date |
| | | | I attes | t that the above | information i | s true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | | |
|--|---|---|--|----------------------------|--|--|--|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | (| County | | Legal Entity | | | |
| West Valley Ele | m | | | | 1 | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Con | tract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | | | | |
| Are you applying for (If yes, please attaction: Section | h explanation) |) | □ No | mhursamant | Stude | nt Name | School | Grade | | | |
| rates for special circum increased rates, individ trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of resident ces must be resportation com | nce. In order to viewed and a mittee, and th | to receive pproved by the | Stude | nt Name | School | Grade | | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Stude | nt Name | School | Grade | | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Stude | nt Name | School | Grade | | | |
| HS District Approval County Approval | , | □ no □ no | | | | CONTRACT IS FO | OR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | ☐ 2nd Semester On | lly □ Both Semesters | | | |
| Nicole Wallner | | | | | Pre-ki | ndergarten/Kinder | rgarten | | | | |
| Physical Address (s | treet address | only): | | | | | | ly Doth Semesters | | | |
| Distance from home Elementary 3.5 Distance from home Elementary 0 Contract is for o Students in Each Grade L | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | y (one way) | is contract. | Kinde by thi To or To or Kinde To or To or To or | rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop | times per day, times per day, times per day, es without other scho times per day, times per day, | days per week days per week days per week col-age students: days per week days per week days per week | | | |
| | Pre-K | K | 1-8 Tatal | 9-12 Tatal | | | | | | | |
| | Total | Total | Total | Total | files. | KS: Send origina | il to County Supt by Ju | lly 1, retain a copy for your | | | |
| Regular Trans Spec. Ed. Trans | | | | | | ITY SUPERINTENT or your files. | NDENTS: Send origina | al to OPI by July 10, retain a | | | |
| Room & Board | | | | | сорут | - | EIMBURSEMENT R | ATE | | | |
| Correspondence | | | | | | | trict, county and OP | | | | |
| Reg. | | | | | | Poimb | ursement rate is deter | minod by | | | |
| Contingency Spec. Ed. Contin. | | | | | | IVEIIID | 20-10-142, MCA. | mined by | | | |
| opoo. La. contini | | | | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | and s | school district (dist | rict name) | | | | |
| | . pa. o (pa. o. | | | | | ` | , | ······································ | | | |
| (county name) The parties agree as follow | | | | • | | as the District(s) | | | | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid | only when transportat | tion for the distance | e reported on the contra | ct actually occurs. | dian assures that a licensed and | | | |
| transported for the | past semester. | | • | | · | • | · | umber of days the student(s) was | | | |
| This contract shall | terminate at the er | nd of the school y | ear or when the | student(s) is no long | | e information accompan- ol, whichever occurs fire | | | | | |
| Elementary School West Valley Elem | District | Chair, Boa | ard of Truste | es | | | | Date | | | |
| High School District | : | Chair, Boa | ard of Truste | es | | | | Date | | | |
| | | <u> </u> | l attes | t that the above | information is | true and correct. | | | | | |
| Signature - Parent or | Guardian | | . 2 | | | | Date | | | | |
| | | | | | | | i | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | | |
|--|---|---|--|--|--|---|--|---|--|--|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | - | Legal Entity | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | | |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade | | |
| County Approval | □ yes | no | | | | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | ly Doth Semesters | | |
| Nuggett Carwal Physical Address (s | troot address | only): | | | | kindergarten/Kinderg | | | | |
| 1 Hysical Address (s | areet address | Orliy). | | | | Ţ | | lly Both Semesters | | |
| Distance from home Elementary 3.7 Distance from home Elementary 0 Contract is for o Students in Each Grade Letters | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. | Kind by the Took Kind Took Took | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day, | days per week days per week ool-age students: days per week days per week days per week days per week | | |
| | Pre-K | _ K | 1-8 | 9-12 | | | | | | |
| | Total | Total | Total | Total | files | | to County Supt by Ju | ıly 1, retain a copy for your | | |
| Regular Trans | | | | | | | IDENTS: Send origin | al to OPI by July 10, retain a | | |
| Spec. Ed. Trans | | | | | cop | y for your files. | | | | |
| Room & Board | | | | | | | IMBURSEMENT Rict, county and OP | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is deter | mined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | | | | | | | | | | |
| Agreement betweer | n parent (parei | nt name) | | | , and | d school district (distr | rict name) | | | |
| insured driver will t | ansport or provide t ransport the studer , the District shall p | nts. Mileage contr | he student(s) to acts are valid o | o and from the school only when transportation | or bus stop on | nce reported on the contract | ct actually occurs. | rdian assures that a licensed and umber of days the student(s) was | | |
| The payment shall | be computed on th | | | | | the information accompany chool, whichever occurs firs | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | 2 5.10 d iii 30 | | | Date | | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | | |
| | | | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 | -2501 | Due to | School Clerk June 1 | | | | | |
|--|---|--|--|--|--------------------------------|--|--|--|
| Elementary District Responsible for Re | eimbursing the Contract | | County | | Legal Entity | | | |
| West Valley Elem | | | Flathead | | 1184 | | | |
| High School or K-12 District Responsib | ole for Reimbursing the Cont | ract | County | | Legal Entity | | | |
| | | | | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high school | ol? | | | | | | |
| Are you applying for isolation state | | | Student Name | School | Grade | | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A, provides for increased reir | mbursement | Oldden Name | CCHOOL | Grade | | | |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In order to see must be reviewed and appropriation committee, and the | o receive oproved by the | Student Name | School | Grade | | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been ap | proved by the | Student Name | School | Grade | | | |
| Elem District Approval | Initials □ no □ no | | Student Name | School | Grade | | | |
| | no | | THIS CONTRACT IS FO Grades 1-12 | <u>R:</u> | | | | |
| Parent or Guardian Name: (Pleas | e Print) | | ☐ 1st Semester Only | □ 2nd Semester Only | □ Both Semesters | | | |
| Rene' King Physical Address (street address | only): | | Pre-kindergarten/Kinderg ☐ 1st Semester Only | | □ Both Semesters | | | |
| Distance from home to nearest school (one way) Elementary 8 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K | | | | | | | | |
| Agreement between parent (parel (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studet. 2. In March and June, the District shall petransported for the past semester. 3. The payment shall be computed on the december of the transported shall terminate at the erection of the transport o | cransportation for the student(s) to the student state valid of the sum officially a the parent the sum officially a the basis of the schedule establish | County, hereinafter repaired by and from the school or but only when transportation for pproved in the application until the section 20-10-142, Matudent(s) is no longer enror | the distance reported on the contract upon certification by the teacher or pr ICA, and the information accompany | session. The parent or guardia t actually occurs. incipal of the school of the num | an assures that a licensed and | | | |
| High School District | Chair, Board of Truste | es | | | Date | | | |
| | I attes | t that the above infor | mation is true and correct. | | <u> </u> | | | |
| Signature - Parent or Guardian | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| Helena, MT 59620 | -2501 | Due to | School Clerk June 1 | | | | | |
|--|--|--|--|--|--------------------------------|--|--|--|
| Elementary District Responsible for Re | eimbursing the Contract | | County | | Legal Entity | | | |
| West Valley Elem | | | Flathead | | 1184 | | | |
| High School or K-12 District Responsib | ole for Reimbursing the Cont | ract | County | | Legal Entity | | | |
| | | | | | | | | |
| Is this contract shared between el □ yes □ no | ementary and high school | ol? | | | | | | |
| Are you applying for isolation state | | | Student Name | School | Grade | | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | A, provides for increased reir | mbursement | Oldden Name | CCHOOL | Grade | | | |
| rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ation of residence. In order to see must be reviewed and appropriation committee, and the | o receive oproved by the | Student Name | School | Grade | | | |
| Check here only if increased payment District Trustees and the County Trans | due to isolation has been ap | proved by the | Student Name | School | Grade | | | |
| Elem District Approval | Initials □ no □ no | | Student Name | School | Grade | | | |
| | no | | THIS CONTRACT IS FO Grades 1-12 | <u>R:</u> | | | | |
| Parent or Guardian Name: (Pleas | e Print) | | ☐ 1st Semester Only | □ 2nd Semester Only | □ Both Semesters | | | |
| Rene' King Physical Address (street address | only): | | Pre-kindergarten/Kinderg ☐ 1st Semester Only | | □ Both Semesters | | | |
| Distance from home to nearest school (one way) Elementary 8 HS 0 | | | | | | | | |
| Agreement between parent (parel (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studet. 2. In March and June, the District shall petransported for the past semester. 3. The payment shall be computed on the december of the transported shall terminate at the erection of the transport o | cransportation for the student(s) to this. Mileage contracts are valid of any the parent the sum officially a the basis of the schedule establish | County, hereinafter repaired by and from the school or but only when transportation for pproved in the application until the section 20-10-142, Matudent(s) is no longer enror | the distance reported on the contract upon certification by the teacher or pr ICA, and the information accompany | session. The parent or guardia t actually occurs. incipal of the school of the num | an assures that a licensed and | | | |
| High School District | Chair, Board of Truste | es | | | Date | | | |
| | I attes | t that the above infor | mation is true and correct. | | <u> </u> | | | |
| Signature - Parent or Guardian | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | Du | Due to School Clerk June 1 | | | | | | | |
|---|---------------------------------------|--------------------|---------------------|--------------------------|----------------------------|-------------------------------------|------------------------------------|---|--|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | | |
| High School or K-12 D | istrict Responsit | ole for Reimbu | rsing the Cont | tract | | County | | Legal Entity | | | | |
| | | | | | | | | | | | | |
| Is this contract shar □ yes □ no | ed between el | ementary an | d high scho | ol? | | | | | | | | |
| Are you applying for | r isolation stat | us? □ Yes | □ No | | Stude | nt Name | School | Grade | | | | |
| (If yes, please attac | | | increased reir | mbursement | Stude | iit ivaille | OCHOOL | Orace | | | | |
| rates for special circun increased rates, individ | nstances of isola dual circumstand | ation of residen | ce. In order t | o receive oproved by the | Stude | nt Name | School | Grade | | | | |
| trustees of the district, Public Instruction. (10. | | | | е Опісе от | | | <u>-</u> | | | | | |
| Check here only if incr District Trustees and the | | | | proved by the | Stude | nt Name | School | Grade | | | | |
| Elem District Approval | □ yes | Ini □ no | tials | | Stude | nt Name | School | Grade | | | | |
| HS District Approval County Approval | | □ no □ no | | | THIS | CONTRACT IS FO | R: | | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | s 1-12 Semester Only | □ 2nd Semester Only | / □ Both Semesters | | | | |
| Reuben Creight | on | | | | Pre-ki | ndergarten/Kinder | rarten | | | | | |
| Physical Address (s | treet address | only): | | | | | | / □ Both Semesters | | | | |
| | | | | | | ERGARTEN/PRE | | | | | | |
| Distance from home | | hool (one wa | ıy) | | by thi | s contract: | | ge students also covered | | | | |
| Elementary 5 | HS 0 | | | | To or To or | from Bus Stop from School | times per day, _ times per day. | days per week days per week | | | | |
| Distance from home Elementary 0 | to nearest bu HS 0 | ıs stop, if any | (one way) | | Kinde To or | rgarten child ride from Bus Stop | s <u>without</u> other school | days per week ol-age students: days per week days per week days per week | | | | |
| □ Contract is for o | ne-way only | | | | To or | from School | times per day, _ | days per week | | | | |
| Students in Each Grade Lo | evel - Only include | the students to b | e covered by th | is contract. | | dlines: NTS: Due to Scho | ool Clork June 1 | | | | | |
| | Pre-K | K | 1-8 | 9-12 | | | | | | | | |
| | Total | Total | Total | Total | files. | KS: Send original | to County Supt by July | / 1, retain a copy for your | | | | |
| Regular Trans | | | | | | | DENTS : Send origina | I to OPI by July 10, retain a | | | | |
| Spec. Ed. Trans | | | | | copy f | or your files. | | | | | | |
| Room & Board | | | | | | | IMBURSEMENT RA | | | | | |
| Correspondence | | | | | | (i oi dist | not, county and or r | use orny) | | | | |
| Reg. Contingency | | | | | | Reimbi | ursement rate is determ | nined by | | | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | | | |
| | | | | | | | | | | | | |
| Agreement betweer | naront (naro | ot namo) | | | and a | school district (dist | ict name) | | | | | |
| | i pareiii (parei | it riame) | | | | | ict flame) | ,, | | | | |
| (county name) The parties agree as follow | | | | - | | as the District(s). | | | | | | |
| insured driver will t | ransport the stude | nts. Mileage con | tracts are valid of | only when transportation | on for the distanc | e reported on the contract | t actually occurs. | ian assures that a licensed and nber of days the student(s) was | | | | |
| transported for the | past semester. | | • | | • | e information accompany | · | inder or days the student(s) was | | | | |
| | terminate at the er | nd of the school y | | student(s) is no longe | | ool, whichever occurs firs | | Date | | | | |
| West Valley Elem High School District | | , | rd of Truste | | | | | Date | | | | |
| riigii Scriooi Distiict | | Cilali, DUa | ii oi ii uste | | | | | Date | | | | |
| | | | I attes | t that the above i | information is | true and correct. | | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

| | Box 202501 na, MT 59620 | 0-2501 | | | chool Year 2005- e to School Clerk | | | |
|--|--|--|--|--|---|--|---|---|
| Elementary District Re | sponsible for R | eimbursing the | Contract | | County | | | Legal Entity |
| West Valley Ele | em | | | | Flathe | ad | | 1184 |
| High School or K-12 D | | ble for Reimbu | irsing the Con | tract | County | | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary ar | nd high scho | ol? | | | | |
| Are you applying fo (If yes, please attac | h explanation |) | □ No | | Student Name | e | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individual trustees of the district, Public Instruction. (10. | nstances of isological circumstan the county tran | ation of resider ces must be re sportation com | nce. In order to eviewed and ap nmittee, and th | to receive pproved by the | Student Name | e | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | oproved by the | Student Name | 9 | School | Grade |
| Elem District Approval | □ yes | In □ no | itials | | Student Name | | School | Grade |
| HS District Approval County Approval | | □ no | | | THIS CONTR | ACT IS FOR: | | |
| Parent or Guardian | Name: (Pleas | se Print) | | | Grades 1-12 ☐ 1st Semes | ter Only | 2nd Semester Only | ☐ Both Semesters |
| Rita Peiffer | | | | | Pre-kindergar | ten/Kindergarte | - an | |
| Physical Address (s | treet address | only): | | | | | 2nd Semester Only | □ Both Semesters |
| Distance from home Elementary 4.6 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest be HS 0 ne-way only | us stop, if an | y (one way) | is contract. 9-12 Total | Kindergarter by this contr To or from Bu To or from Bu To or from Bu To or from So Deadlines PARENTS: C CLERKS: Se files. | s Stop_hool | ith other school-age times per day, times per day, ithout other school times per day, times per day, times per day, Clerk June 1. | days per week days per week 1, retain a copy for your to OPI by July 10, retain a |
| insured driver will I 2. In March and June transported for the 3. The payment shall 4. This contract shall | ws: ansport or provide transport the stude , the District shall past semester. be computed on t terminate at the e | transportation fo ints. Mileage cor pay the parent the he basis of the send of the school | r the student(s) t ntracts are valid t e sum officially a chedule establisl year or when the | o and from the school only when transportation approved in the applicated in Section 20-10-1 student(s) is no longer | ter referred to as the or bus stop on the days whom for the distance reported | en school is in sessi on the contract actu e teacher or principa on accompanying th | on. The parent or guardia lally occurs. | an assures that a licensed and liber of days the student(s) was |
| Elementary School West Valley Elem | District | Chair, Boa | ard of Truste | ees | | | | Date |
| High School District | t | Chair, Boa | ard of Truste | ees | | | | Date |
| | | | I attes | t that the above i | nformation is true ar | d correct. | | · |
| Signature - Parent or | Guardian | | | | | Dat | te | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|--|---|---|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | ole for Reimburs | ing the Contr | act | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | il? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction (10) | nstances of isola lual circumstand the county trans | tion of residence es must be revieus portation commi | e. In order to ewed and ap ittee, and the | receive proved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Stud | dent Name | School | Grade |
| Elem District Approval | Initials □ District Approval □ yes □ no | | | | | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Robert A. Smith | | | | | | kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester Or | lly □ Both Semesters |
| Distance from home Elementary 4.6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | is stop, if any (| (one way) | 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original y for your files. RENTS: RENTENTEN Y for dist | times per day, times per day, times per day, es without other schimes per day, times per day, tool Clerk June 1. | days per week da |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: nnsport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en | ransportation for thats. Mileage contra | e student(s) to cts are valid of um officially ap edule establish or or when the | and from the school nly when transportation proved in the applicated in Section 20-10-1 student(s) is no longe | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or gual at actually occurs. incipal of the school of the ning this contract. | rdian assures that a licensed and umber of days the student(s) was Date Date |
| | | | I attest | that the above i | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|---|---|--|---|--|---|---|--|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | <u>'</u> | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction (10) | nstances of isola dual circumstance the county trans | tion of residences must be revi sportation comm | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Stud | dent Name | School | Grade |
| Elem District Approval | Initials n District Approval □ yes □ no | | | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Robert C. Jeffor | | - ml. // | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Lo | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by t To c Kin To c To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, times per day, times per day, es without other sch times per day, times per day, times per day, | days per week days per week days per week ool-age students: days per week |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origin | nal to OPI by July 10, retain a |
| Room & Board | | | | | • | RE | IMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OP | 'I use only) |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en | ransportation for the state of the parent the state basis of the sch | ne student(s) to acts are valid o sum officially a edule establish ar or when the | o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer | or bus stop or on for the dista ation upon cert 42, MCA, and | ince reported on the contract | session. The parent or gual ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and number of days the student(s) was |
| West Valley Elem | | , | | | | | | |
| High School District | | Chair, Boar | a of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | | ue to School | Clerk June 1 | | |
|---|--|---|---|---|---|--|
| Elementary District Responsible for Re | imbursing the Con | ract | | County | | Legal Entity |
| West Valley Elem | | | | Flathead | | 1184 |
| High School or K-12 District Responsib | le for Reimbursing | the Contract | | County | | Legal Entity |
| | | | | | | |
| Is this contract shared between el ☐ yes ☐ no | ementary and hi | gh school? | | | | |
| Are you applying for isolation statu (If yes, please attach explanation) | | No | Stude | nt Name | School | Grade |
| rates for special circumstances of isola increased rates, individual circumstanct trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov | ition of residence. ses must be reviewe sportation committe | In order to receive ed and approved by the e, and the Office of | Stude | nt Name | School | Grade |
| Check here only if increased payment | due to isolation has | been approved by the | Stude | nt Name | School | Grade |
| Elem District Approval □ yes | | | | | School | Grade |
| County Approval | □ no | | | CONTRACT IS FO | OR: | |
| Parent or Guardian Name: (Please | e Print) | | | es 1-12 Semester Only | □ 2nd Semester On | ly Both Semesters |
| Robert Hunt | | | Pre-ki | ndergarten/Kinderg | garten | |
| Physical Address (street address | only): | | ☐ 1st | Semester Only | □ 2nd Semester On | ly Doth Semesters |
| Distance from home to nearest so Elementary 6 HS 0 Distance from home to nearest but Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | is stop, if any (on the students to be cov | ., | Kinde by thi To or To or Kinde To or To or Dead PARE files. COUN | s contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: NTS: Due to Scho KS: Send original STY SUPERINTEN for your files. RE (For disti | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week da |
| Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide to insured driver will transport the studer 2. In March and June, the District shall pot transported for the past semester. 3. The payment shall be computed on the transported for the past semester. 4. This contract shall terminate at the entire transported for the past semester. Elementary School District West Valley Elem High School District | ransportation for the s ts. Mileage contracts ay the parent the sum the basis of the schedul | tudent(s) to and from the school are valid only when transporta officially approved in the applice e established in Section 20-10-r when the student(s) is no long f Trustees | after referred to ol or bus stop on the tion for the distance cation upon certific | e reported on the contract ation by the teacher or pro- e information accompany | session. The parent or guar at actually occurs. incipal of the school of the n | |
| | 1 | I attest that the above | information is | true and correct. | | |
| Signature - Parent or Guardian | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

| Co | | |
|----|--|--|
| | | |
| | | |

| | 3ox 202501 na, MT 59620 |)-2501 | | | school Year 20 le to School Cl | | | |
|--|---|---|---|---|---|--|---|--|
| Elementary District Re | sponsible for Re | eimbursing the | Contract | | Cou | nty | | Legal Entity |
| West Valley Ele | em | | | | Fla | thead | | 1184 |
| High School or K-12 D | istrict Responsil | ole for Reimbur | rsing the Conf | tract | Cou | | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary an | d high scho | ol? | | | | |
| Are you applying fo (If yes, please attac | h explanation) |) | □ No | | Student N | lame | School | Grade |
| ISOLATION: Section rates for special circur increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstand the county trans | ation of residen ces must be rev sportation comi | ce. In order to viewed and appoint and the mittee, and the mittee. | o receive oproved by the | Student N | lame | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | n has been ap | pproved by the | Student N | lame | School | Grade |
| Elem District Approval | □ yes | | tials | | Student N | lame | School | Grade |
| County Approval | □ yes | □ no | | | THIS CO Grades 1 | NTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | mester Only | □ 2nd Semester On | ly Both Semesters |
| Sarah Card | | | | | | rgarten/Kinder | | |
| Physical Address (s | street address | only): | | | | • | | ly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | Kinderga by this c To or fror To or fror Kinderga To or fror To or fror To or fror Deadlin PARENT CLERKS files. | Inten child ride contract: In Bus Stop In School Inten child ride Inten | times per day, | days per week da |
| | | | | | | | | |
| insured driver will to 2. In March and June transported for the 3. The payment shall | ws: ansport or provide transport the stude , the District shall p past semester. be computed on the | transportation for nts. Mileage confoay the parent the ne basis of the sc | the student(s) t tracts are valid of e sum officially a hedule establish | o and from the school only when transportati approved in the applicated in Section 20-10- | fter referred to as or bus stop on the da on for the distance re- ation upon certification 142, MCA, and the info | ys when school is in ported on the contra- by the teacher or p | session. The parent or guard ct actually occurs. rincipal of the school of the nuring this contract. | dian assures that a licensed and umber of days the student(s) was |
| 4. This contract shall Elementary School West Valley Elem | | | ard of Truste | | er enrolled in school, v | michiever occurs tirs | u. | Date |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date |
| | | | l attes | t that the above | information is tru | e and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | | | | ol Clerk June 1 | | |
|---|---|---|--|------------------------------|----------------------------|---|--|--|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | | County | | Legal Entity |
| West Valley Ele | em | | | | | Flathead | | 1184 |
| High School or K-12 D | | ble for Reimbu | ırsing the Con | tract | | County | | Legal Entity |
| Is this contract shar | ed between e | lementary ar | nd high scho | ol? | | | | |
| □ yes □ no | | | | | | | | |
| Are you applying fo (If yes, please attact ISOLATION: Section | h explanation |) | □ No | mbursement | Stu | dent Name | School | Grade |
| rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10. | nstances of isological circumstan the county tran | ation of reside ces must be re sportation com | nce. In order to eviewed and a northern the evidence in the ev | to receive pproved by the | Stu | dent Name | School | Grade |
| Check here only if incr District Trustees and t | eased payment | due to isolation | n has been a | oproved by the | Stu | dent Name | School | Grade |
| Elem District Approval HS District Approval | □ yes | In □ no | itials | | Stu | dent Name | School | Grade |
| County Approval | □ yes | □ no | | | | <u>S CONTRACT IS FO</u> des 1-12 | OR: | |
| Parent or Guardian | • | se Print) | | | | st Semester Only | ☐ 2nd Semester Only | y |
| Shane & Wendy Physical Address (s | y Morgan street address | only): | | | | -kindergarten/Kinder st Semester Only | | y Both Semesters |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home Elementary 4.5 | e to nearest so HS 0 | chool (one w | ay) | | by 1 | this contract: or from Bus Stop | times per day, _ | age students also covered days per week |
| Distance from home Elementary 0 | e to nearest b | us stop, if an | y (one way) | | To o Kin To o | or from School dergarten child ride or from Bus Stop | times per day, _ es <u>without</u> other scho times per day, _ | days per week ol-age students: days per week |
| □ Contract is for o | ne-way only | | | | 100 | or from School | times per day, _ | days per week |
| Students in Each Grade L | evel - Only include | the students to | be covered by th | is contract. | <u>De</u> | adlines: RENTS: Due to Sch | aal Clauk luua 4 | |
| | Pre-K | K | 1-8 | 9-12 | PAI | RENIS: Due to Sch | ooi Cierk June 1. | |
| Da volan Tana | Total | Total | Total | Total | CLE files | | I to County Supt by July | y 1, retain a copy for your |
| Regular Trans Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | NDENTS: Send origina | al to OPI by July 10, retain a |
| Room & Board | | | | | 336 | | EIMBURSEMENT RA | ATE |
| Correspondence | | | | | | (For dist | rict, county and OPI | use only) |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | |
| | | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , an | d school district (dist | rict name) | ······································ |
| (county name) The parties agree as follow | WS. | | | County, hereinaf | ter referred | I to as the District(s) | | |
| The parent shall tra | ansport or provide | | | | | the days when school is in ince reported on the contra | | lian assures that a licensed and |
| | , the District shall | | | | | | | mber of days the student(s) was |
| The payment shall | be computed on t | | | | | the information accompany | | |
| Elementary School | | | ard of Truste | | a emoned in S | chool, whichever occurs firs | ol. | Date |
| West Valley Elem High School District | t | Chair, Bo | ard of Truste | ees | | | | Date |
| | | | l attec | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | 1 41100 | | | | Date | |
| | | | | | | | ~~ | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | | e to School Clerk June 1 | | |
|---|----------------------------------|----------------------------|---|------------------------------|-------------------------------------|
| Elementary District Responsible for Re | imbursing the Contract | | County | | Legal Entity |
| West Valley Elem | | | Flathead | | 1184 |
| High School or K-12 District Responsib | le for Reimbursing the Co | ntract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between ele | ementary and high scho | ool? | | | |
| Are you applying for isolation statu | | | Student Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | , provides for increased re | | Stadont Hamo | 3011001 | Olddo |
| rates for special circumstances of isolar increased rates, individual circumstance | es must be reviewed and a | approved by the | Student Name | School | Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi | | the Office of | | | ····· |
| Check here only if increased payment of | | approved by the | Student Name | School | Grade |
| District Trustees and the County Trans | Initials | | Student Name | School | Grade |
| HS District Approval ☐ yes ☐ | no no no | | THIS CONTRACT IS FO | OR· | |
| Parent or Guardian Name: (Please | | | Grades 1-12 | ☐ 2nd Semester Only | y □ Both Semesters |
| Shannon Chamberlain | | | , | · | y Doin Semesters |
| Physical Address (street address of | only): | | Pre-kindergarten/Kinder ☐ 1st Semester Only | | y □ Both Semesters |
| | | | KINDERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home to nearest scl | hool (one way) | | by this contract: | | ge students also covered |
| Elementary 6.1 HS 0 | | | To or from Bus Stop To or from School | times per day,times per day. | days per week days per week |
| Distance from home to nearest but Elementary 0 HS 0 | s stop, if any (one way) |) | Kindergarten child ride | es without other scho | |
| □ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include t | the students to be covered by t | this contract. | Deadlines: | | |
| Pre-K | K 1-8 | 9-12 | PARENTS: Due to Sch | | |
| Total | Total Total | Total | CLERKS: Send origina files. | I to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | COUNTY SUPERINTEN | NDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | TD LITTO: Cond ongina | |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For alsi | rict, county and OPI | use only) |
| Reg. | | | Reimb | ursement rate is detern | nined by |
| Contingency Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| | | | | | |
| Agreement between parent (paren | nt name) | | , and school district (dist | rict name) | |
| (county name) | | | ter referred to as the District(s) | | ··································· |
| The parties agree as follows: | ransportation for the student(s) | - ,, | or bus stop on the days when school is in | | ian assures that a licensed and |
| insured driver will transport the studen 2. In March and June, the District shall pa | nts. Mileage contracts are valid | d only when transportation | on for the distance reported on the contra tion upon certification by the teacher or p | ct actually occurs. | |
| | | | 42, MCA, and the information accompany r enrolled in school, whichever occurs first | | |
| Elementary School District | Chair, Board of Trust | | . S. Singa in Scribbi, withoriever socials ills | <u> </u> | Date |
| West Valley Elem High School District | Chair, Board of Trust | ees | | | Date |
| | l atte | st that the above i | nformation is true and correct. | | |
| Signature - Parent or Guardian | i dite | et that the above I | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|--|--|---|---|---|---|---|---|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimburs | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individual trustees of the district, Public Instruction (10) | nstances of isola dual circumstance the county trans | tion of residences must be revi portation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | Stud | dent Name | School | Grade |
| Elem District Approval | Initials District Approval □ yes □ no | | | | | dent Name | School | Grade |
| HS District Approval County Approval | • | no no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Or | nly Both Semesters |
| Sharon Gassaw | ay | I. A. | | | | -kindergarten/Kinderg | | |
| Physical Address (s | treet address | oniy): | | | □ 1 | st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Leading Contract L | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by t To c Kin To c To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School | times per day, times per day, times per day, es without other scho times per day, times per day, times per day, | days per week days per week ool-age students: days per week days per week days per week days per week |
| Regular Trans | Total | Total | Total | Total | files | - | to County Supt by 30 | ily 1, retaill a copy for your |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origin | al to OPI by July 10, retain a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OP | 'I use only) |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for t its. Mileage contr ay the parent the e basis of the sch | he student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | or bus stop or on for the dista ation upon cert 42, MCA, and | ince reported on the contract | session. The parent or gual t actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date |
| High School District | | Chair, Boar | Board of Trustees Date | | | | | |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|---|----------------------------------|----------------------------|---|------------------------------|-------------------------------------|--|--|--|
| Elementary District Responsible for Re | imbursing the Contract | | County | | Legal Entity | | | |
| West Valley Elem | | | Flathead | | 1184 | | | |
| High School or K-12 District Responsib | le for Reimbursing the Co | ntract | County | | Legal Entity | | | |
| | | | | | | | | |
| Is this contract shared between ele | ementary and high sch | ool? | | | | | | |
| Are you applying for isolation statu | | | Student Name | School | Grade | | | |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | , provides for increased re | | Stadont Hamo | 2011001 | Olddo | | | |
| rates for special circumstances of isolar increased rates, individual circumstance | es must be reviewed and | approved by the | Student Name | School | Grade | | | |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi | | the Office of | | | ····· | | | |
| Check here only if increased payment of | | approved by the | Student Name | School | Grade | | | |
| District Trustees and the County Trans | Initials | | Student Name | School | Grade | | | |
| HS District Approval ☐ yes ☐ | no no no | | THIS CONTRACT IS FO | OR· | | | | |
| Parent or Guardian Name: (Please | | | Grades 1-12 | □ 2nd Semester Only | y □ Both Semesters | | | |
| Sharon Tikka | | | , | • | y Doin Semesters | | | |
| Physical Address (street address of | only): | | Pre-kindergarten/Kinder ☐ 1st Semester Only | | y Both Semesters | | | |
| | | | KINDERGARTEN/PRE | KINDERGARTEN: | | | | |
| Distance from home to nearest scl | hool (one way) | | by this contract: | | ge students also covered | | | |
| Elementary 4.5 HS 0 | | | To or from Bus Stop To or from School | times per day,times per day. | days per week days per week | | | |
| Distance from home to nearest but Elementary 0 HS 0 | s stop, if any (one way |) | Kindergarten child ride | es without other scho | | | | |
| □ Contract is for one-way only | | | To or from School | times per day, _ | days per week | | | |
| Students in Each Grade Level - Only include t | the students to be covered by | this contract. | Deadlines: | | | | | |
| Pre-K | K 1-8 | 9-12 | PARENTS: Due to Sch | | | | | |
| Total | Total Total | Total | CLERKS: Send origina files. | I to County Supt by July | y 1, retain a copy for your | | | |
| Regular Trans | | | COUNTY SUPERINTEN | NDENTS: Send origina | I to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | copy for your files. | | | | | |
| Room & Board | | | | EIMBURSEMENT RA | | | | |
| Correspondence | | | (For alsi | trict, county and OPI | use only) | | | |
| Reg. | | | Reimb | ursement rate is detern | nined by | | | |
| Contingency Spec. Ed. Contin. | | | | 20-10-142, MCA. | | | | |
| · [| | | | | | | | |
| Agreement between parent (paren | nt name) | | , and school district (dist | rict name) | | | | |
| (county name) | | | ter referred to as the District(s) | | ··································· | | | |
| The parties agree as follows: | ransportation for the student(s) | - ,, | or bus stop on the days when school is in | | ian assures that a licensed and | | | |
| insured driver will transport the studen 2. In March and June, the District shall pa | nts. Mileage contracts are valid | d only when transportation | on for the distance reported on the contra tion upon certification by the teacher or p | ct actually occurs. | | | | |
| | | | 42, MCA, and the information accompany r enrolled in school, whichever occurs first | | | | | |
| Elementary School District | Chair, Board of Trust | | . S. Singa in Scribbi, withoriever socials ills | <u> </u> | Date | | | |
| West Valley Elem High School District | Chair, Board of Trust | ees | | | Date | | | |
| | l atte | st that the above i | nformation is true and correct. | | | | | |
| Signature - Parent or Guardian | i alle | et that the above I | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| PO Box 202501 Helena, MT 59620 | -2501 | | e to School Clerk June 1 | | |
|---|----------------------------------|----------------------------|---|------------------------------|-------------------------------------|
| Elementary District Responsible for Re | imbursing the Contract | | County | | Legal Entity |
| West Valley Elem | | | Flathead | | 1184 |
| High School or K-12 District Responsib | le for Reimbursing the Co | ntract | County | | Legal Entity |
| | | | | | |
| Is this contract shared between ele | ementary and high sch | ool? | | | |
| Are you applying for isolation statu | | | Student Name | School | Grade |
| (If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA | , provides for increased re | | Stadont Hamo | 2011001 | Olddo |
| rates for special circumstances of isolar increased rates, individual circumstance | es must be reviewed and | approved by the | Student Name | School | Grade |
| trustees of the district, the county trans Public Instruction. (10.7.116 ARM provi | | the Office of | | | ····· |
| Check here only if increased payment of | | approved by the | Student Name | School | Grade |
| District Trustees and the County Trans | Initials | | Student Name | School | Grade |
| HS District Approval ☐ yes ☐ | no no no | | THIS CONTRACT IS FO | OR· | |
| Parent or Guardian Name: (Please | | | Grades 1-12 | □ 2nd Semester Only | y □ Both Semesters |
| Sharon Tikka | | | , | • | y Doin Semesters |
| Physical Address (street address of | only): | | Pre-kindergarten/Kinder ☐ 1st Semester Only | | y Both Semesters |
| | | | KINDERGARTEN/PRE | KINDERGARTEN: | |
| Distance from home to nearest scl | hool (one way) | | by this contract: | | ge students also covered |
| Elementary 4.5 HS 0 | | | To or from Bus Stop To or from School | times per day,times per day. | days per week days per week |
| Distance from home to nearest but Elementary 0 HS 0 | s stop, if any (one way |) | Kindergarten child ride | es without other scho | |
| □ Contract is for one-way only | | | To or from School | times per day, _ | days per week |
| Students in Each Grade Level - Only include t | the students to be covered by | this contract. | Deadlines: | | |
| Pre-K | K 1-8 | 9-12 | PARENTS: Due to Sch | | |
| Total | Total Total | Total | CLERKS: Send origina files. | I to County Supt by July | y 1, retain a copy for your |
| Regular Trans | | | COUNTY SUPERINTEN | NDENTS: Send origina | I to OPI by July 10, retain a |
| Spec. Ed. Trans | | | copy for your files. | | |
| Room & Board | | | | EIMBURSEMENT RA | |
| Correspondence | | | (For alsi | trict, county and OPI | use only) |
| Reg. | | | Reimb | ursement rate is detern | nined by |
| Contingency Spec. Ed. Contin. | | | | 20-10-142, MCA. | |
| · [| | | | | |
| Agreement between parent (paren | nt name) | | , and school district (dist | rict name) | |
| (county name) | | | ter referred to as the District(s) | | ··································· |
| The parties agree as follows: | ransportation for the student(s) | - ,, | or bus stop on the days when school is in | | ian assures that a licensed and |
| insured driver will transport the studen 2. In March and June, the District shall pa | nts. Mileage contracts are valid | d only when transportation | on for the distance reported on the contra tion upon certification by the teacher or p | ct actually occurs. | |
| | | | 42, MCA, and the information accompany r enrolled in school, whichever occurs first | | |
| Elementary School District | Chair, Board of Trust | | . S. Singa in Scribbi, withoriever socials ills | <u> </u> | Date |
| West Valley Elem High School District | Chair, Board of Trust | ees | | | Date |
| | l atte | st that the above i | nformation is true and correct. | | |
| Signature - Parent or Guardian | i alle | et that the above I | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|--|---|---|--|----------------------------|---|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | <u>'</u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola lual circumstand the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Shauna Hubbar | | I. A. | | | | kindergarten/Kinder | | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kine by t To c Kine To c V To c PAR CLE files | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . JNTY SUPERINTEN y for your files. RECOMMENDED RECOMMEND RECOMMENDED RECOMMEND RECOMMENDED RECOMMEND RECOMMEND RECOMMEN | times per day, times per day, times per day, es without other schimes per day, times per day, times per day, times per day, tool Clerk June 1. | days per week days per week uly 1, retain a copy for your all to OPI by July 10, retain a RATE Pl use only) | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | |
| Agreement between parent (parent name) | | | | | | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | | |
|--|--|---|--|--------------------------|--|---|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high schoo | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be revision comments. | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes | Initi □ no □ no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | | S CONTRACT IS FO des 1-12 | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly Both Semesters | |
| Shelby Farnhan Physical Address (s | troot address | only): | | | | -kindergarten/Kinder | | | |
| Friysical Address (s | lieel address | orily). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters | |
| Distance from home Elementary 3.7 Distance from home Elementary 0 Contract is for o Students in Each Grade Le | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kin by t To c Kin To c To c | chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to School | times per day, times per day, times per day, es without other sche times per day, times per day, times per day, | days per week days per week ool-age students: days per week | |
| Regular Trans | | | | | files | | IDENTO 0 1 | 00 | |
| Spec. Ed. Trans | | | | | | y for your files. | IDEN 15: Send origin | al to OPI by July 10, retain a | |
| Room & Board | | | | | | | IMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | nict, county and OF | r use only) | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by | |
| Agreement between parent (parent name) | | | | | | | | | |
| Elementary School West Valley Elem | | · | | | | | | Date | |
| High School District | | Chair, Boar | a of Truste | es | | | | Date | |
| | | | I attes | t that the above | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|---|--|---|--|----------------------------|--|--|--|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circum increased rates, individuates of the district, | nstances of isola dual circumstance the county trans | tion of residences must be revi portation comm | e. In order to sewed and applittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Public Instruction. (10. Check here only if incr | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| District Trustees and the Elem District Approval | □ yes □ | Initi □ no | als | | Stud | dent Name | School | Grade | |
| HS District Approval County Approval | | □ no □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters | |
| Sherri Hayes | | | | | Pre- | -kindergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | ☐ 2nd Semester On | nly Both Semesters | |
| Distance from home Elementary 4 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week days per week days per week ool-age students: days per week days per week days per week days per week | |
| Room & Board | | | | | | | IMBURSEMENT R | | |
| Correspondence | | | | | | (For dist | rict, county and OP | use only) | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by | |
| Agreement between parent (parent name) | | | | | | | | | |
| Elementary School West Valley Elem | | Chair, Boar | | | | | | Date | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | |
| | | | I attes | t that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | _ | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | ox 202501 na, MT 59620 |)-2501 | | Due to School Clerk June 1 | | | | | | | |
|--|--|--|--|--|--|--|---|---|--|--|--|
| Elementary District Re | sponsible for Re | eimbursing the (| Contract | | | County | <u> </u> | Legal Entity | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsit | ole for Reimburs | sing the Cont | tract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract share ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | | | | |
| Are you applying for (If yes, please attact ISOLATION: Section | h explanation) |) | □ No | mbursement | Stud | ent Name | School | Grade | | | |
| rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.) | nstances of isola lual circumstand the county trans | ation of residences must be revisional revision of the second sec | ce. In order to riewed and appointed, and the | o receive oproved by the | Stud | ent Name | School | Grade | | | |
| Check here only if incredistrict Trustees and the | eased payment | due to isolation | has been ap | pproved by the | Stud | ent Name | School | Grade | | | |
| Elem District Approval | | Initi □ no | ials | | Stud | ent Name | School | Grade | | | |
| HS District Approval County Approval | | □ no □ no | | | THIS CONTRACT IS FOR: | | | | | | |
| Parent or Guardian | | e Print) | | | | es 1-12 st Semester Only | □ 2nd Semester On | nly □ Both Semesters | | | |
| Sherri M. Miletio | :h | | | | Pro_l | kindergarten/Kinder | | , | | | |
| Physical Address (s | treet address | only): | | | | | | nly □ Both Semesters | | | |
| Distance from home Elementary 4.5 Distance from home Elementary 0 Contract is for on Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 to nearest bu HS 0 ne-way only | us stop, if any | (one way) | is contract. 9-12 Total | KINE Kind by th To of To of To of To of To of PAR CLE files. | DERGARTEN/PREI ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch RKS: Send origina NTY SUPERINTEN for your files. RE (For dist | times per day, | days per week days per week days per week ool-age students: days per week | | | |
| insured driver will t In March and June transported for the The payment shall This contract shall | vs: unsport or provide to ransport the studer the District shall past semester, be computed on the terminate at the er | transportation for to this. Mileage contropay the parent the the basis of the school ye | the student(s) to racts are valid of sum officially a nedule establish ear or when the | o and from the school only when transportati approved in the applica- ned in Section 20-10-1 student(s) is no longer | fter referred I or bus stop on the distantation upon certification upon the distantation upon the distantatio | ce reported on the contra | session. The parent or guar ct actually occurs. rincipal of the school of the niring this contract. | rdian assures that a licensed and umber of days the student(s) was | | | |
| Elementary School West Valley Elem | | Chair, Boar | ra ot Truste | es | | | | Date | | | |
| High School District | | Chair, Boar | rd of Truste | es | | | | Date | | | |
| | | | I attes | t that the above | information | s true and correct. | | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|--|---|---|---|----------------------------|--|--|---|---|--|
| Elementary District Re | sponsible for Re | imbursing the C | ontract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residence es must be revieus portation comm | e. In order to ewed and ap ittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | OR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly □ Both Semesters | |
| Sheryl Underwo | ood | | | | Pre- | -kindergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | | ly Doth Semesters | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Letter Spec. Ed. Trans Room & Board Correspondence Reg. Contingency | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. | days per week days per week lly 1, retain a copy for your lal to OPI by July 10, retain a RATE I use only) | |
| Contingency Spec. Ed. Contin. | | | | | | Keimbi | 20-10-142, MCA. | mined by | |
| (county name) The parties agree as follov 1. The parent shall tra insured driver will t 2. In March and June transported for the 3. The payment shall | The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. | | | | | | | | |
| Elementary School West Valley Elem | District | Chair, Board | d of Truste | es | | | | Date | |
| High School District | | Chair, Board | d of Truste | es | | | | Date | |
| | | | I attest | that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | | |
|---|--|--|--|--------------------------|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters | |
| Shirley Willis | | | | | Pre- | -kindergarten/Kinderg | garten | | |
| Physical Address (s | treet address | only): | | | | | | nly Both Semesters | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. RECTS: RECTS R | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da | |
| Spec. Ed. Contin. | | | | | | | | | |
| (county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to In March and June transported for the The payment shall This contract shall Elementary School | The parties agree as follows: The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. | | | | | | | | |
| West Valley Elem High School District | | Chair, Boar | | | | | | Date | |
| g.r concor biother | | Chair, Boar | | | | | | 34.0 | |
| Ciamatura Barret | Cuandia | | I attes | t that the above i | information | is true and correct. | Doto | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | | |
|---|--|--|--|--------------------------|--|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be review to the comments of the comme | e. In order to ewed and ap hittee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval | □ yes | Initia □ no | als | | Stud | dent Name | School | Grade | |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters | |
| Shirley Willis | | | | | Pre- | -kindergarten/Kinderg | garten | | |
| Physical Address (s | treet address | only): | | | | | | nly Both Semesters | |
| Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. RECTS: RECTS R | times per day, times per day, times per day, s without other sch times per day, tool Clerk June 1. | days per week da | |
| Spec. Ed. Contin. | | | | | | | | | |
| (county name) The parties agree as follow The parties agree as follow The parent shall trainsured driver will to In March and June transported for the The payment shall This contract shall Elementary School | The parties agree as follows: The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. | | | | | | | | |
| West Valley Elem High School District | | Chair, Boar | | | | | | Date | |
| g.r concor biother | | Chair, Boar | | | | | | 34.0 | |
| Ciamatura Barret | Cuandia | | I attes | t that the above i | information | is true and correct. | Doto | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | | Due to School Clerk June 1 | | | | | | | |
|--|-----------------------------------|------------------------------------|---------------------------------|----------------------------|--------------------|--|---|--|--|--|--|
| Elementary District Re | esponsible for Re | eimbursing the | Contract | | | County | | Legal Entity | | | |
| West Valley Ele | m | | | | | Flathead | | 1184 | | | |
| High School or K-12 D | istrict Responsi | ble for Reimbur | sing the Conf | tract | | County | | Legal Entity | | | |
| | | | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between e | lementary and | d high scho | ol? | | | | | | | |
| Are you applying fo | | | □ No | | Stud | dent Name | School | Grade | | | |
| (If yes, please attaction) (ISOLATION: Section | 20-10-142, MC/ | A, provides for i | ncreased reir | mbursement | | | | | | | |
| rates for special circur increased rates, individe trustees of the district, Public Instruction. (10. | dual circumstand the county trans | ces must be rev sportation comm | riewed and ap nittee, and th | oproved by the | Stud | dent Name | School | Grade | | | |
| Check here only if incr District Trustees and t | eased payment | due to isolation sportation Comr | ı has been ap nittee. | pproved by the | Stud | dent Name | School | Grade | | | |
| Elem District Approval | | □ no | ials | | Stud | dent Name | School | Grade | | | |
| HS District Approval County Approval | | □ no | | | | S CONTRACT IS FO | DR: | | | | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | □ 2nd Semester Only | / □ Both Semesters | | | |
| Susan Heidegg | er | | | | Pre | -kindergarten/Kinder | narten | | | | |
| Physical Address (s | street address | only): | | | | | ☐ 2nd Semester Only | / □ Both Semesters | | | |
| | | | | | | DERGARTEN/PRE | | | | | |
| Distance from home Elementary 4.3 | e to nearest so HS 0 | chool (one wa | y) | | bv t | his contract: | | ge students also covered days per week days per week | | | |
| Distance from home Elementary 0 | e to nearest bu HS 0 | us stop, if any | (one way) | | Kin To d | dergarten child ride or from Bus Stop | es <u>without</u> other schoo times per day, _ | ol-age students: days per week | | | |
| □ Contract is for o | ne-way only | | | | 100 | or from School | times per day, _ | days per week | | | |
| Students in Each Grade L | evel - Only include | the students to be | e covered by th | is contract. | | adlines: RENTS: Due to Sch | aal Clark Juna 1 | | | | |
| | Pre-K | К | 1-8 | 9-12 | FAI | CENTS. Due to Scri | ooi Cierk Julie 1. | | | | |
| | Total | Total | Total | Total | CLE files | | I to County Supt by July | / 1, retain a copy for your | | | |
| Regular Trans | | | | | CO | UNTY SUPERINTEN | IDENTS: Send origina | I to OPI by July 10, retain a | | | |
| Spec. Ed. Trans | | | | | | y for your files. | | | | | |
| Room & Board | | | | | | | EIMBURSEMENT RA | | | | |
| Correspondence | | | | | | (1 01 0101 | inot, county and or r | use offiy) | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is determ | nined by | | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | | |
| | | | | <u> </u> | | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , | | | |
| (county name) | | | | | | I to as the District(s) | | | | | |
| The parties agree as follow | | transportation for | | • | | ` , | | ian assures that a licensed and | | | |
| insured driver will t | transport the stude | nts. Mileage cont | racts are valid o | only when transportation | on for the dista | nce reported on the contra | ct actually occurs. | | | | |
| transported for the | past semester. | , , | • | | | | · | nber of days the student(s) was | | | |
| This contract shall | terminate at the e | nd of the school ye | ear or when the | student(s) is no longe | | the information accompany chool, whichever occurs first | | _ | | | |
| Elementary School West Valley Elem | District | Chair, Boa | rd of Truste | es | | | | Date | | | |
| High School District | t | Chair, Boa | rd of Truste | es | | | | Date | | | |
| | | I | Lattes | t that the above | information | is true and correct. | | l | | | |
| Signature - Parent or | Guardian | | . 41103 | | | is and and correct. | Date | | | | |
| | · - | | | | | | İ | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | | | ol Clerk June 1 | | |
|--|---|--|---|---|---|--|--|---|
| Elementary District Re | sponsible for Re | imbursing the (| Contract | | | County | - | Legal Entity |
| West Valley Ele | m | | | | | Flathead | | 1184 |
| High School or K-12 D | istrict Responsib | le for Reimbur | sing the Cont | ract | | County | | Legal Entity |
| | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | d high school | ol? | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be reversely to the comments of the co | ce. In order to iewed and ap nittee, and the | o receive oproved by the | Stud | dent Name | School | Grade |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade |
| Elem District Approval | □ yes | Initi □ no | ials | | Stud | dent Name | School | Grade |
| HS District Approval County Approval | • | □ no □ no | | | | S CONTRACT IS FO | DR: | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | des 1-12 st Semester Only | □ 2nd Semester On | nly Both Semesters |
| Sylvia Brown Physical Address (s | | l). | | | | -kindergarten/Kinder | | |
| Physical Address (s | treet address | only): | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters |
| Distance from home to nearest school (one way) Elementary 4.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. | | | | | Kin by t To c Kin To c To c | this contract: or from Bus Stop or from School dergarten child ride or from Bus Stop | times per day, times per day, times per day, es <u>without</u> other sche times per day, times per day, times per day, | days per week days per week days per week ool-age students: days per week days per week days per week |
| | Total | Total | Total | Total | CLE files | | to County Supt by Ju | ıly 1, retain a copy for your |
| Regular Trans | | | | | | | IDENTS: Sand origin | al to OPI by July 10, retain a |
| Spec. Ed. Trans | | | | | | y for your files. | idents. Sena ongin | al to OPI by July 10, Tetalil a |
| Room & Board | | | | | | | IMBURSEMENT R | |
| Correspondence | | | | | | (For dist | rict, county and OP | ruse only) |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | mined by |
| | | | | | | | | |
| Agreement betweer | n parent (parer | nt name) | | | , and | d school district (distr | rict name) | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | ansport or provide t ransport the studer , the District shall p past semester. be computed on the | nts. Mileage contr ay the parent the se basis of the sch | the student(s) to racts are valid of sum officially a nedule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | or bus stop or on for the dista ation upon cert 42, MCA, and | ince reported on the contract | ct actually occurs. rincipal of the school of the n ring this contract. | rdian assures that a licensed and umber of days the student(s) was |
| Elementary School West Valley Elem | | | rd of Truste | | | | | Date |
| High School District | | Chair, Boar | rd of Truste | es | | | | Date |
| | | | I attes | t that the above | information | is true and correct. | | |
| Signature - Parent or | Guardian | | | | | | Date | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | 0-2501 | | Due to School Clerk June 1 | | | | | | |
|--|--|-------------------------------|-----------------------------------|----------------------------|-------------------|---------------------------------------|-------------------------------|---------------------------------|--|--|
| Elementary District Re | esponsible for R | eimbursing the | Contract | | | County | | Legal Entity | | |
| West Valley Ele | em | | | | | Flathead | | 1184 | | |
| High School or K-12 D | | ble for Reimbu | rsing the Con | tract | | County | | Legal Entity | | |
| | | | | | | | | | | |
| Is this contract shar | red between e | lementary an | d high scho | ol? | | | | | | |
| □ yes□ noAre you applying fo | r isolation stat | tue? □ Vee | □ No | | | | | | | |
| (If yes, please attac | h explanation |) | | | Stud | dent Name | School | Grade | | |
| ISOLATION: Section rates for special circur | nstances of isol | ation of resider | nce. In order t | to receive | Ctur | dent Name | Cohool | Crada | | |
| increased rates, indivi- trustees of the district, | the county tran | sportation com | mittee, and th | | Siuc | dent Name | School | Grade | | |
| Public Instruction. (10 | · | J | , | | Stud | dent Name | School | Grade | | |
| Check here only if incomplete incomplete the control of the contro | | sportation Com | mittee. | oproved by the | | | | | | |
| Elem District Approval | □ yes | □ no | tials | | Stud | dent Name | School | Grade | | |
| HS District Approval County Approval | , | □ no | | | <u>THI</u> | S CONTRACT IS FO | DR: | | | |
| Parent or Guardian | Name: (Pleas | se Print) | | | | des 1-12 st Semester Only | ☐ 2nd Semester Only | v □ Both Semesters | | |
| Tami Wiherski | | | | | Dro | -kindergarten/Kinder | • | • | | |
| Physical Address (s | street address | only): | | | | | | y Both Semesters | | |
| | | | | | KIN | DERGARTEN/PRE | KINDERGARTEN: | | | |
| Distance from home | e to nearest so | chool (one wa | ay) | | | dergarten child ride his contract: | es <u>with</u> other school-a | age students also covered | | |
| Elementary 3.5 | HS 0 | | | | To | or from Bus Stop | times per day, _ | days per week | | |
| Distance from home | | us stop, if an | y (one way) | | Kin | dergarten child ride | es without other scho | days per week ol-age students: | | |
| Elementary 0 | HS 0 | | | | To o | or from Bus Stop or from School | times per day, _ | days per week days per week | | |
| □ Contract is for o | , , | | | | | | | | | |
| Students in Each Grade L | evel - Only include | | | | PAF | adlines: RENTS: Due to Sch | ool Clerk June 1. | | | |
| | Pre-K Total | K Total | 1-8 Total | 9-12 Total | CLE | ERKS: Send origina | I to County Supt by July | y 1, retain a copy for your | | |
| Regular Trans | | | | | files | | | , , | | |
| Spec. Ed. Trans | | | | | | UNTY SUPERINTEN y for your files. | IDENTS: Send origina | ıl to OPI by July 10, retain a | | |
| Room & Board | | | | | 334 | . , | EIMBURSEMENT RA | ATE | | |
| | | | | | | | rict, county and OPI | | | |
| Correspondence | | | | | | | | | | |
| Reg. Contingency | | | | | | Reimb | ursement rate is detern | nined by | | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, MCA. | | | |
| | 1 | 1 | | <u> </u> | | | | | | |
| Agreement between | n parent (pare | nt name) | | | , and | d school district (dist | rict name) | , | | |
| (county name) | | | | County hereinaf | fter referred | I to as the District(s) | | | | |
| The parties agree as follo | | transportation for | | , | | () | | ian assures that a licensed and | | |
| insured driver will 2. In March and June | transport the stude e, the District shall | ents. Mileage con | tracts are valid | only when transportati | ion for the dista | nce reported on the contra | ct actually occurs. | mber of days the student(s) was | | |
| | be computed on t | | | | | the information accompany | | | | |
| 4. This contract shall Elementary School | | | vear or when the ard of Truste | | er enrolled in se | chool, whichever occurs fire | st. | Date | | |
| West Valley Elem High School Distric | t | Chair, Board of Trustees Date | | | | | | Date | | |
| | Shall, Board of Frances | | | | | | | | | |
| | | - | I attes | t that the above | information | is true and correct. | | | | |
| Signature - Parent or | Guardian | | | | | | Date | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|---|--|--|---|----------------------------|--|---|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | le for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for (If yes, please attac | h explanation) | | □ No | | Stud | dent Name | School | Grade | |
| ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10. | nstances of isola dual circumstance the county trans | tion of residences must be review to the comment of | e. In order t ewed and ap littee, and the | o receive oproved by the | Stud | dent Name | School | Grade | |
| Check here only if incr District Trustees and the | eased payment | due to isolation | has been ap | proved by the | Stud | dent Name | School | Grade | |
| Elem District Approval HS District Approval | □ yes □ | Initia no no no | als | | Stud | dent Name | School | Grade | |
| County Approval | □ yes | no | | | | S CONTRACT IS FO | DR: | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester On | nly □ Both Semesters | |
| Terri S. Ogle Physical Address (s | troot addroos | anlı (): | | | | -kindergarten/Kinder | | | |
| Priysical Address (s | treet address | oriiy). | | | □ 1 | st Semester Only | □ 2nd Semester On | lly Both Semesters | |
| Distance from home Elementary 3.6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da | |
| Correspondence | | | | | | | rict, county and OP | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | mined by | |
| Agreement between parent (parent name) | | | | | | | | | |
| High School District | | Chair, Boar | d of Truste | es | | | | Date | |
| | | <u> </u> | I attes | t that the above i | information | is true and correct. | | | |
| Signature - Parent or | Guardian | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|---|---|---|--|---|--|--|--|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsib | ole for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for isolation status? ☐ Yes ☐ No(If yes, please attach explanation) | | | | | | dent Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction (10.7.116 APM provides guidelines for such.) | | | | | | dent Name | School | Grade | |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the | | | | | | dent Name | School | Grade | |
| District Trustees and the County Transportation Committee. Initials Elem District Approval □ yes □ no HS District Approval □ yes □ no | | | | | | dent Name | School | Grade | |
| HS District Approval County Approval | □ yes | □ no | | | THIS CONTRACT IS FOR: | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters | | | | |
| Tina Venturini | | | | | Pre- | -kindergarten/Kinder | garten | | |
| Physical Address (s | treet address | only): | | | | | | ly Doth Semesters | |
| Distance from home Elementary 3.3 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. | HS 0 e to nearest bu HS 0 ne-way only | s stop, if any | (one way) | s contract. 9-12 Total | Kind by the Took Kind Took Took Took PAR | his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist | times per day, times per day, times per day, s without other sch times per day, times per day, times per day, times per day, tool Clerk June 1. to County Supt by Ju | days per week da | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | ws: nansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en District | ransportation for the state. Mileage contral the same basis of the schelage transfer in the same basis of the schelage transfer in the same basis of the schelage transfer in the same basis of the schelage transfer in the same basis of the schelage transfer in the same basis of the schelage transfer in the same transfer in | ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste | o and from the school only when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe | ter referred or bus stop on on for the dista tition upon certi 42, MCA, and | nce reported on the contract | session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract. | rdian assures that a licensed and umber of days the student(s) was Date Date | |
| | | | | | | to duning a series of the | | | |
| I attest that the above information is true and correct. Signature - Parent or Guardian Date | | | | | | | | | |
| Signature - Parent Of | Juai uiaii | | | | | | Date | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 30x 202501 na, MT 59620 | -2501 | Due to School Clerk June 1 | | | | | | |
|--|---|------------------|----------------------------|--------------|--|--|---|----------------------|--|
| Elementary District Re | sponsible for Re | imbursing the C | Contract | | | County | - | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | ole for Reimburs | ing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for isolation status? ☐ Yes ☐ No(If yes, please attach explanation) | | | | | | dent Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.) | | | | | | dent Name | School | Grade | |
| Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. | | | | | | dent Name | School | Grade | |
| Elem District Approval yes no HS District Approval yes no | | | | | | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Virginia Jones Physical Address (s | troot addroos | only): | | | | -kindergarten/Kinder | | | |
| Friysical Address (s | lieel address | orily). | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | |
| Elementary 8.5 Distance from home Elementary 0 Contract is for o | Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans | | | | | KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, to or from School | | | |
| Correspondence | | | | | (For district, county and OPI use only) | | | | |
| Reg. Contingency Spec. Ed. Contin. | | | | | | Reimbi | ursement rate is deter 20-10-142, MCA. | rmined by | |
| Agreement between parent (parent name) | | | | | | | | | |
| High School District | | Chair, Boar | ard of Trustees Date | | | | | | |
| I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or | Guardian | | i allos | a. the above | omation | and died correct. | Date | | |
| - | | | | | | | | | |

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

| | 3ox 202501 na, MT 59620 | -2501 | | Due to School Clerk June 1 | | | | | |
|--|--|--|---|---|---|-------------------------------|--|---|--|
| Elementary District Re | sponsible for Re | imbursing the 0 | Contract | | | County | <u>'</u> | Legal Entity | |
| West Valley Ele | m | | | | | Flathead | | 1184 | |
| High School or K-12 D | istrict Responsit | le for Reimburs | sing the Cont | ract | | County | | Legal Entity | |
| | | | | | | | | | |
| Is this contract shar ☐ yes ☐ no | ed between el | ementary and | high school | ol? | | | | | |
| Are you applying for isolation status? ☐ Yes ☐ No(If yes, please attach explanation) | | | | | | dent Name | School | Grade | |
| ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116. APM provides quidolines for such.) | | | | | | dent Name | School | Grade | |
| Public Instruction. (10.7.116 ARM provides guidelines for such.) Check here only if increased payment due to isolation has been approved by the | | | | | | dent Name | School | Grade | |
| District Trustees and the County Transportation Committee. Initials Elem District Approval □ yes □ no HS District Approval □ yes □ no | | | | | | dent Name | School | Grade | |
| County Approval | □ yes | □ no | | | THIS CONTRACT IS FOR: Grades 1-12 | | | | |
| Parent or Guardian | Name: (Pleas | e Print) | | | | st Semester Only | □ 2nd Semester Or | nly Both Semesters | |
| Wendy Kierstea Physical Address (s | | only): | | | | -kindergarten/Kinder | | | |
| Friysical Address (s | lieel address | Offig). | | | ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters | | | | |
| Distance from home to nearest school (one way) Elementary 6 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total | | | | | KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week To or from School times per day, days per week Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. | | | | |
| Regular Trans Spec. Ed. Trans | | | | | | | IDENTS: Send origin | nal to OPI by July 10, retain a | |
| • | | | | | сор | y for your files. | TIMBLE DOEMENT F | DATE: | |
| Room & Board Correspondence | | | | | REIMBURSEMENT RATE (For district, county and OPI use only) | | | | |
| Reg. | | | | | | | | | |
| Contingency | | | | | | Reimb | ursement rate is deter 20-10-142, MCA. | rmined by | |
| Spec. Ed. Contin. | | | | | | | 20-10-142, WOA. | | |
| insured driver will t 2. In March and June transported for the 3. The payment shall | vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th | ransportation for t its. Mileage contr iay the parent the ne basis of the sch | he student(s) to acts are valid o sum officially a edule establish | o and from the school only when transportation pproved in the applicated in Section 20-10-1 | ter referred or bus stop or on for the dista tition upon cert 42, MCA, and | ince reported on the contract | session. The parent or gua ct actually occurs. rincipal of the school of the n | rdian assures that a licensed and number of days the student(s) was | |
| Elementary School West Valley Elem | District | strict Chair, Board of Trustees Date | | | | | | | |
| High School District | | Chair, Boar | d of Truste | of Trustees Date | | | | | |
| I attest that the above information is true and correct. | | | | | | | | | |
| Signature - Parent or Guardian Date | | | | | | | | | |